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ASSISTANCE TO VULNERABLE AFGHAN REFUGEES IN PAKISTAN
MALARIA, LEISHMANIASIS AND TUBERCULOSIS CONTROL IN AFGHAN REFUGEE VILLAGES

UNHCR Sub-Project: 01/AB/PAK/CM/201(f) HNI

Annual Report

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ANNUAL ACTIVITY REPORT FOR YEAR 2001

AGENCY	**HealthNet International**
Sub Project	**01/AB/PAK/CM/201 (f) HNI**
Sector	**Health**

I. TARGET POPULATION

There are an estimated 1.53 million Afghan refugees (Partners monthly reports) residing in officially recognised camps located in Pakistan. The war in Afghanistan followed by continuous internal conflicts, political uncertainties, ethnic turbulence and economic destabilisation are some of the major determinant that have prevented the refugees to return to their homeland. The recent events occurred in this country have further exacerbated the present set-up of Afghan refugees. The existing health services are over burdened due to large influx of refugees who have crossed the border. According to the population surveys, which were recently conducted by UNHCR about one hundred thousand new refugees are residing in the camps as well as in the urban areas of Peshawar. These refugee camps are located in NWFP, Baluchistan and Punjab. Province-wise distribution of the refugee population is as under:

• North West Frontier Province	1303005
• Baluchistan Province	205383
• Punjab Province	31412

The refugees residing in these camps are exposed to different diseases. Specific strategies have been implemented by various International and national organisations through support activities. The aim of these activities is to protect them from the diseases through preventive, curative and health promotive activities and to improve their quality of life. HealthNet International in collaboration with UNHCR, the Project Director Health (PDH), partner NGOs and Government of Pakistan have been actively involved in the control of malaria and leishmaniasis among Afghan refugees since 1992.

II. SHORT DESCRIPTION OF CHANGES IN PROJECT SITUATION BETWEEN 1st JANUARY TO 31 DECEMBER

All the activities were carried out well in accordance with the plans prepared in 2000. No major changes occurred.

III. ACHEIVEMENTS/OUTPUTS OF SECTORAL ACTIVITIES

An overview of the results and achievements of this collaborative effort for the reporting period of January to June 2001 has been presented in the previous report

OPERTY

(Project Report; Assistance to the vulnerable Afghan refugees in Pakistan: malaria and leishmaniasis control in Afghan refugee villages. Narrative Report 1st Jan to 30th June 2001) The project was launched with support from UNHCR with the aim of support and co-ordination of malaria and leishmaniasis control activities in the existing Afghan refugee villages in Pakistan.

The specific objectives of the project were:

- To decrease the morbidity due to malaria and its associated mortality among the Afghan Refugees by ensuring high standard diagnostic and treatment services.
- To decrease the morbidity due to Cutaneous leishmaniasis and its associated social stigma among the ARVs by ensuring provision of high standard treatment services in the BHUs supported by UNHCR/PDH and NGOs.
- To reduce the existing level of malaria and leishmania transmissions in ARVs by appropriate, focused and carefully monitored vector control activities.
- To carry out epidemiological and entomological surveillance of malaria and leishmaniasis in ARVs in Pakistan in order to constantly monitor the situation, asses the impact of program, and plan for future control measures.
- To conduct limited operational research aimed at improving disease control and interventions
- Capacity building of implementing partners through technical support on issues related to malaria and leishmaniasis
- To prevent and control disease outbreaks.
- To raise community awareness for disease control and prevention

The annual vivax and falciparum incidence (AVI & AFI) from 1st January to 31 December 2001 compared with the corresponding figures for 2000 for all three provinces is shown in *Figure 1 and* 2 respectively. There was a significant decrease in vivax form of malaria in NWFP (AVI decline from 34.4 to 24/1000 population) while no significant reduction in falciparum malaria was noticed. In Baluchistan there was no big difference in vivax malaria but a slight increase was observed in falciparum incidence. A huge reduction was observed in vivax form of malaria in Punjab (AVI came down from 30.8 to 9.8) while AFI increased from 2.7 to 4.5/1000 population. Total number of malaria cases is attached as *annex 1*.

Figure 1

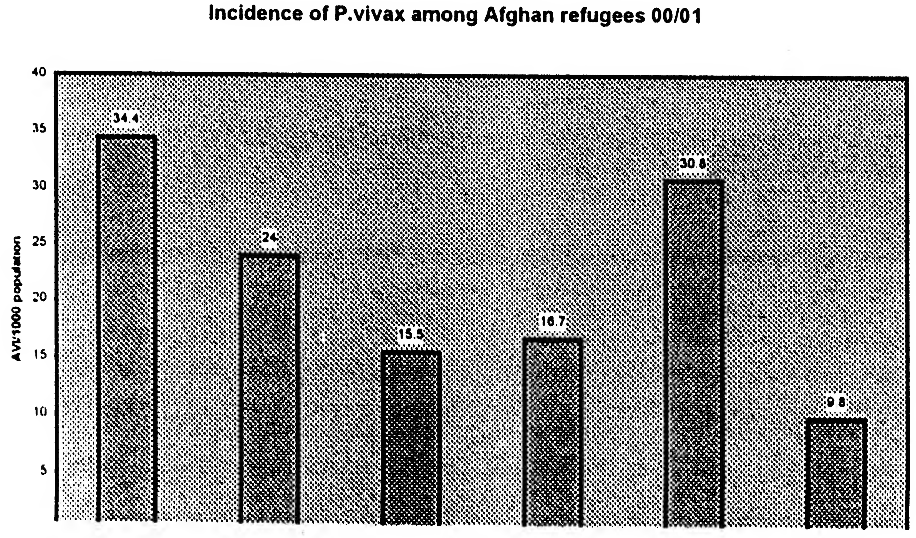
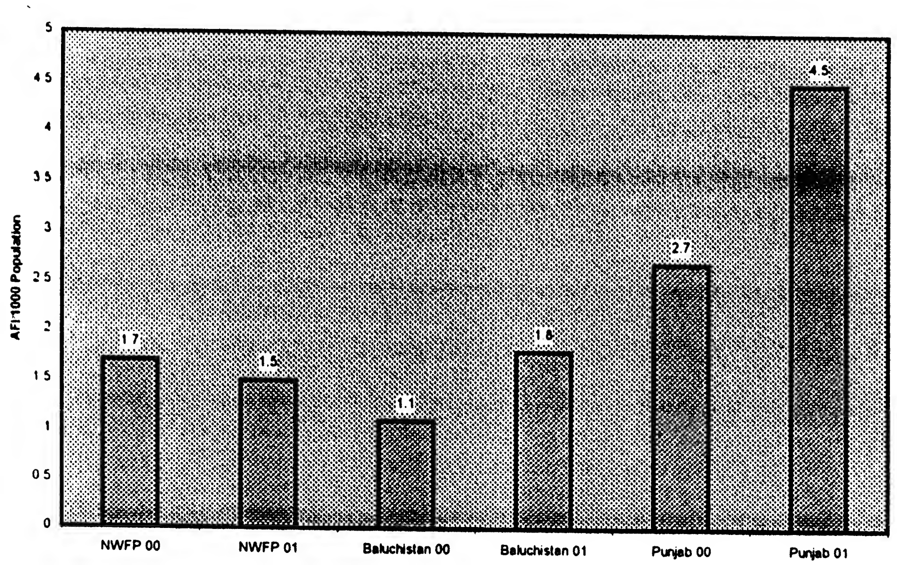


Figure 2

Incidence of P.falciparum among Afghan refugees 00/01



CO-ORDINATION AND SUPERVISION OF MALARIA CONTROL ACTIVITIES

1.1 Co-ordination with the Implementing Partners

The annual malaria co-ordination meeting was organised and hosted by HNI on April 16th, 2001. CCAR consultant, PDH Baluchistan, Assistant Programme Office UNHCR, Health Co-ordinator Punjab and representatives from partners NGOs attended the meeting. Total number of the participants was 17. List of the participants and minutes of the meeting is attached as *Annex 2a and 2 b.*

1.2 Co-ordination meeting related to ITNs

The annual co-ordination meeting related to ITNs sales in Afghan Refugee camps was held at HealthNet International office on 22 Feb 2001. The purpose of the meeting was:

- To discuss the issues related to ITNs sales in ARVs during the year 2000.
- Review of HNI's proposed strategy for the year 2001.
- Discussion and recommendations of the house for the year 2001.

The participants were informed that the objective of the ITNs introduction was to minimize reliance on residual spray and gradually replacing it with ITNs. This activity was started in 17 refugee villages during the year 2000, and was extended to another nine villages. 11 representatives from PDH NWFP, Punjab, KJRC, FPHC, LDI, UAAR, SC-US and IRC attended the meeting. List of the participants and minutes of the meeting is attached as *Annex 3a and 3b.*

2. DIAGNOSIS AND TREATMENT OF MALARIA

A total of 38381 cases of vivax and 3202 cases of falciparum malaria were diagnosed and treated in the Basic Health Units of different ARVs in NWFP, Punjab and Baluchistan in the year 2001. Technical support was provided by HNI to enable the partners to maintain quality of services. P.vivax malaria has shown a remarkable reduction (AVI decline from 33/1000 population to 24/ 1000 population) This may be partly due to drought condition that prevailed in 2001 while AFI remain the same (AFI 2/1000 Population) Most of the falciparum cases were reported from Bajur and South Waziristan. It is interesting to note that nearly 8% of all vivax and 20% of all falciparum cases were either non-camp refugee or local people seek medical help from the Basic Health Units established for the Afghan refugees.

Similarly due to an extraordinary increase in vivax malaria at Naguman refugee camp some control measures were taken on priority basis to control the disease. The following steps were taken in this regard.

- Bednets were provided to the community on subsidized prices.
- Community health supervisors were advised to give Supervised treatment to the patients.
- Investigations for mosquito density were carried out. Only 3% of the mosquitoes collected from Naguman refugee camp was found to be Anopheline. The cases reported during this period were actually the transmission of the last year.
- The camp was sprayed with 10 WP Icon.
- All malaria slides from Naguman were sent and examined at HNI laboratory in Adezai. Results were available within 24 hours.

2.1. Quality control of malaria microscopy centres

Monitoring and supervision of the laboratories established by various organisations in the refugee camps was carried out by HNI senior microscopist from the Malaria Reference Centre (MRC) in Peshawar and Quetta. Supervisory visits were regularly performed on monthly basis or bimonthly. Quality of diagnostic procedures was monitored during these visits. A total of 23222 slides were collected from 51 laboratories located in NWFP, Punjab and Baluchistan for cross-checking. The overall percentage of incorrectly read slides remained less than 1% in all the three provinces. The result of cross checked slides are given in Table 1.

Table 1. Results of quality of malaria microscopy laboratories functional within the Afghan refugee camps

Province	Total Slides cross checked	Correct result	%	False -v	%	False +v	%	Wrong Species	%
NWFP	19663	19492	99.1	131	0.7	7	0.03	33	0.16
Punjab	397	396	99.7	0	0	1	0.25	0	0
Baluchistan	3162	3153	99.7	2	0.06	1	0.03	6	0.18
Total	23222	2304	99.2	133	0.57	9	0.03	39	0.16

2.2. Provision of routine malaria clinical services in Adezai RC (NWFP).

A total of 8216 suspected patients were screened for malaria at HNI laboratory in Adezai, in which 1085 cases were found to be positive for vivax and 15 for falciparum malaria. All confirmed cases of malaria were provided prompt treatment at the health unit. A significant reduction in vivax malaria was observed during this period (AVI decline from 532/1000 population to 120/1000 population) while falciparum cases have also shown a remarkable decrease (AFI came down from 50/1000 to 3/ 1000 population).

This huge reduction in vivax malaria could be due to chloroquine plus 14-day Primaquine treatment to those patients whose blood was tested for G6PD deficiency and were found negative. 700 patients were tested and 32 patient turned out to be G6PD deficient. Nearly 29% cases of vivax malaria and 68% of falciparum malaria cases were reported from the refugee population residing out side the camp.

Figure 3

Vivax malaria among Afghan refugees in Adezai 00/01

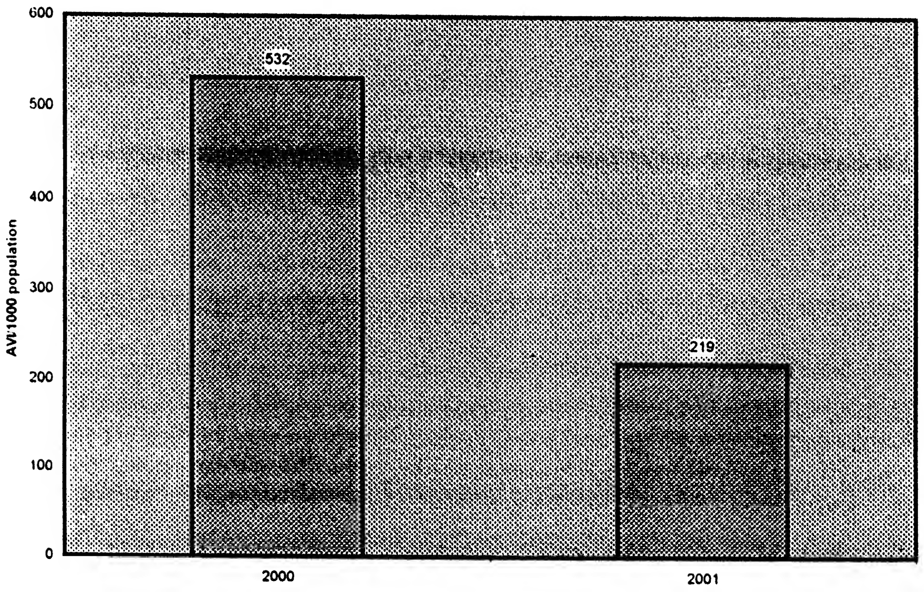
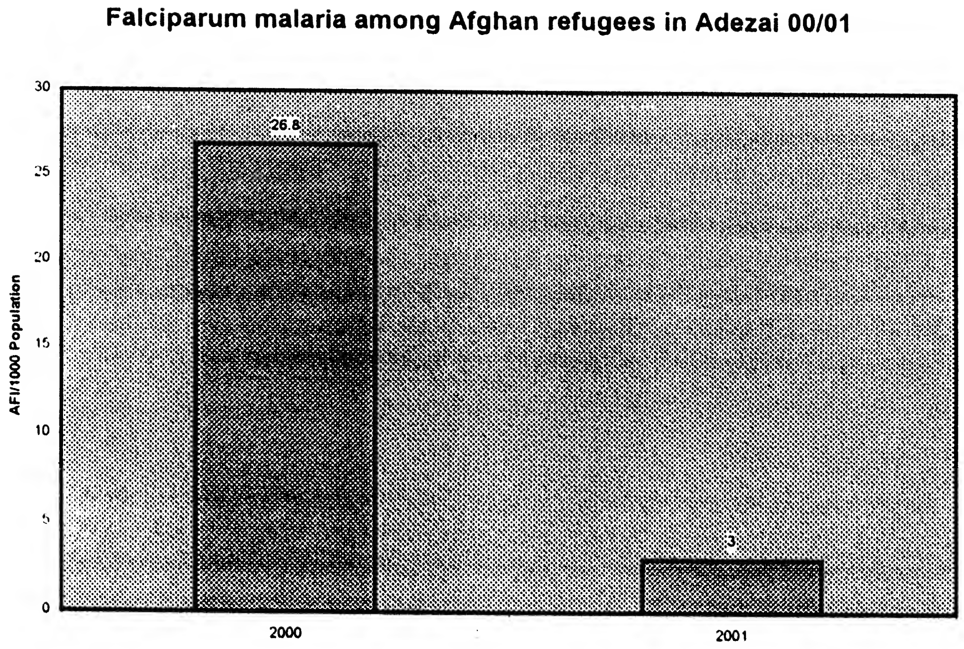


Figure 4



3. DIAGNOSIS AND TREATMENT OF CUTANEOUS LEISHMANIASIS

3.1. CL case management

3.1.1. Diagnosis

Health personnel are encouraged to diagnose majority of CL cases clinically. More than 80% of CL cases can be properly diagnosed without laboratory facilities, however some of the cases need to be confirm in the laboratory. The case finding activities are summarised in table 2.

Table 2: CL laboratory case finding

District	Total slides Examined	Positive	% Positive	Negative
Bajur	0	0	0	0
Dir.	239	129	53	110
Hangu	128	93	72	35
Kurram	139	7	5	132
Mansehra	0	0	0	0
Mardan	0	0	0	0
SW Agency	69	33	47	36
Haripur	0	0	0	0
NW Agency	82	30	36	52
Peshawar	182	182	100	0
Total	***839***	***474***	***56.4***	***365***

3.1.2. Treatment

All CL cases are recorded at the BHU and then depending on the clinical condition of the lesion and availability of the pentavalent antimonials, the Medical Officer decides whether the patient needs treatment or not. However, recording and reporting of the cases which does not require treatment or those which cannot be treated due to shortage of the drug provides valuable and rectified picture of the distribution of disease.

During the year 2001 a total of 5088 (92%) CL cases from all over NWFP were treated with injection Glucantime. Another 235 (4.2 %) cases of Cutaneous Leishmaniasis deserving treatment were not offered treatment due to non-availability of the drug. The situation is much better compared with the last year, when 1177 (34%) leishmania cases were left untreated due to lack of the drugs. A significant number of CL cases (34%) of all treated patients were either refugee residing out side the camps or local people. District wise distribution of the cases is given in table 3.

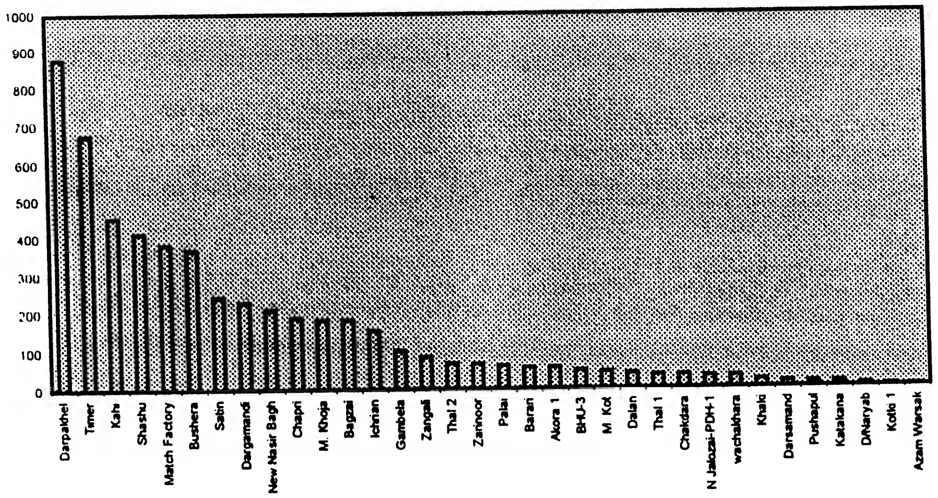
Table 3: District-wise CL case management in NWFP

District	**Not Treated**		**Treated New cases**	
	Treatment not required	No drugs available	IM	IL
Bajur	0	0	18	16
Dir.	21	0	144	132
Hangu	0	0	245	661
Kurram	180	208	23	1418
Mansehra	0	0	28	204
Mardan	0	0	7	55
SW Agency	0	0	16	97
Haripur	3	20	18	30
NW Agency	0	7	215	1376
Peshawar	0	0	198	187
Total	204	235	912	4176

The number of CL incidence reported from various refugee camps is presented in the graph given below.

Figure 5

Camp wise CL incidence among Afghan Refugees NWFP, 2001



4. HUMAN RESOURCE DEVELOPMENT

Different kind of training workshops were arranged for different categories of staff. Details of the training are given below.

4.1. Training for Medical Officers on malaria

One-day training workshop was organised for Medical Officers working in the Basic Health Units of New Jalozai and New Shamshatoo refugee camps. The aim of the workshop was to update their knowledge and skill regarding malaria. Specific objectives of the workshop were:

- To understand basic concept of the disease (malaria)
- To be aware of the international efforts of malaria control as recommended in the Roll Back Malaria program of WHO.
- To have an overview of malaria among the Afghan refugees.
- To understand vector control in malaria
- To have updated knowledge of the current situation of drug resistance in malaria control.
- To know about principle of malaria control and treatment

Training schedule and list of the participants is attached as Annex *4a and 4b*.

4.2. Training in malaria microscopy

Five training workshops on malaria microscopy were organised for field microscopists at the malaria reference centres Peshawar and Quetta. Details of these workshops are as under:

- The first workshop was arranged for those microscopists who were found weak in species identification during an evaluation, which was conducted in February. Six field microscopists from FPHC, PDH, and SC-US attended the workshop

- The second one-day workshop was organised for the microscopists working in New Shamshatoo and New Jalozai. Three field microscopists from PDH and IMC attended the course.
- The third workshop was two week long refresher course, which was organised for those Microscopists who were recently recruited by different implenting partners. Ten participants from IRC, PDH, UAAR and Darus Salam attended the workshop.
- The fourth training course was conducted for two weeks at Quetta. Two microscopists from Jam-e- Shifa Hospital and one from PDH attended the workshop
- Fifth workshop was a full training course for four weeks. Two participants attended from PDH.

Training schedule and list of the participants is attached as *Annexes 5a and 5b*.

The following topics were covered during the workshops.

- To recognize the importance of malaria as a disease
- Be able to recognize the common clinical signs and symptoms of malaria
- Know that some people can have malaria without clinical symptoms
- Know that malaria is caused by the presence of parasites in a patient's blood
- Know that a female Anopheline mosquito can transmit malaria to people
- Realise that, to diagnose malaria accurately, you must be able to find and identify parasites in a stained blood film examined under the microscope
- Reporting and record keeping

A summary of these trainings is presented in table 4

Table 4. Training in malaria microscopy during 2001

S.No	Duration	Category of staff trained	No of Participants	Organisation	Training venue
1	01 Day	Field Microscopist	6	FPHC,PDH, SC-US	HNI Reference laboratory Peshawar
2	01 Day	Field Microscopist	3	PDH,IMC	HNI Reference laboratory Peshawar
3	02 Weeks	Field Microscopist	10	PDH,IRC, UAAR, DARUS - SALAM	HNI Reference laboratory Peshawar
4	02 Weeks	Field Microscopist	3	Jam-e- Shifa, PDH	HNI Reference laboratory Quetta
5	04 Weeks	Field Microscopist	2	PDH, Quetta	HNI Reference laboratory Quetta

4.3. Training of Community Health Workers

One-day training course was arranged for CHWs working in New Jalozai. This training was arranged at the Basic Health Unit run by MSF. Major topics related to malaria were taught. Special attention was paid to slide preparation, case detection and different methods of vector control. All CHWs working with MSF attended the workshop.

4.4. Community Health Workers training on ITNs

HNI conducted 13 separate one-day training workshops for CHWs in the districts where ITNs have been offered to the community. A total of 152 CHWs were trained from KJRC, FPHC, IRC, UAAR, PDH Peshawar, LDI, SC-US, MCI and PDH Punjab.

Various operational and technical aspects of ITNs were discussed during these sessions. Specific attention was paid to impregnation, re-impregnation, health education and record keeping. Training schedule and list of the participants is attached as *Annexes 6a and 6b*.

4.5. Training on safe use of insecticides/spray operation

A two day TOT (Training of trainers) for Malaria inspectors and Community Health Supervisors about the safe use of insecticide/spray operation was conducted at the HNI office Peshawar. Eight malaria inspectors and CHSs from KJRC, IRC, PDH, CWS and UAAR participated. The malaria inspectors were then responsible for training of spraymen in their respective districts. Training schedule and list of the participants attended the course is attached as *Annexes 7a and 7b*.

Similarly two other separate one-day training workshops were arranged on 12th and 18th of June at PDH and MCI office Quetta. 13 and 7 participants attended the sessions respectively. The topics discussed during these training were:

- Spraying techniques including dilution of insecticides, proper utilisation of spray pumps.
- Safety measures during the spraying operation
- Development of the mechanism for monitoring and supervision of the spray activities.
- Community participation during spray campaign
- Vacating of rooms prior to spray

4.6. One day Training on malaria Epidemiology for MCH assistant

A one-day training workshop for MCH assistants was organized at Quetta on September 1, 2001. Eight participants from PDH attended the workshop. The objective of the training was to update them on the current situation of malaria among Afghan refugees, international efforts of malaria control and various vector control methods.

4.7. Malaria training workshop for ACD (Association for Community development) staff.

A two-day training workshop was organized for Doctors and other senior technical staff at HNI office. The objective of the workshop was:

- To understand the basic concept of disease (malaria).
- To be aware of the international efforts of malaria control as advocated in the Roll Back Malaria program of WHO.
- To have an overview of malaria among the Afghan refugees.
- To update their knowledge on the current situation of drug resistance in malaria control.
- To learn about various vector control methods.
- To understand the role of operational research in malaria

Training schedule and list of the participants is attached as *Annex 8a and 8b*.

4.8. Training of Medical officers on the diagnosis and treatment of cutaneous leishmaniasis

HNI organised one-day training course for Medical officers working in New Shamshatoo and New Jalozai refugee camps. The purpose of the training was:

- To learn about the disease leishmania in general
- To understand clinical diagnosis and management of cutaneous leishmaniasis
- To learn about control and prevention of cutaneous leishmaniasis

A total of 18 Male and Female Medical Officers participated from PDH, MSF, Lajnatul Dawa Islamia, IMC and SC-US. Training schedule and list of the participant is attached as *Annex 9a and 9b*.

4.9.Training of field microscopist about cutaneous leishmaniasis

A weeklong training workshop for field microscopist was organised from 31 Dec 2001 to 4th Jan 2002. The objective of the training was to update their knowledge and skill regarding diagnosis of leishmaniasis cases in the laboratory. Nine participants from PDH, KJRC, IMC and LDI attended the workshop. Training schedule and list of the participants is attached as A*nnexes 10 a and 10 b*.

5. VECTOR CONTROL

HNI prepared a plan of action for vector control activities in 52 refugee camps in NWFP, Punjab and Baluchistan. The plan was discussed with UNHCR, PDH and other implementing partners.

The following activities were included in the vector control plan.

- Household Spraying with residual insecticides
- Focal spraying
- Livestock sponging with insecticide
- Use of insecticide impregnated Bednets.
- Use of insect repellents
- Larviciding

The vector control plan for the year 2000 is attached as *Annex 11*.

5.1. Residual insecticide spraying campaign

The selection of camps for residual spraying were based on the disease incidence of the previous year (2000). Those having a *P. vivax* incidence of 30 or more per thousand population per year and/or a *P. falciparum* incidence of 5 cases or more per thousand population per year were selected for residual spraying activities.

Sixteen camps in NWFP and three in Baluchistan were sprayed with *Lambdacyhalothrine* and *Deltamethrin*. In six camps of NWFP, residual spray was supplemented by the introduction of Insecticide Treated Bed nets (ITNs). The objective was to obtain 30% ITN coverage and to gradually increase the coverage, so that reliance on residual spraying is phased out and replaced by ITNs in the ARVs. The refugee population covered with insecticide spray is given below:

NWFP	160581
Baluchistan	12083

5.1.1. Residual spraying activity

In Baluchistan, considering the climatic conditions and epidemiological patterns of the disease, spray activities were started on 20th June and completed on 2nd July. The insecticides used in the campaign were *Deltamethrin WP 50 and Icon WP 10*. A total population of 12083 refugees residing in three camps namely Zarkarez-1and Zarkarez-2 and Ghazgi Minara was covered by the spray campaign. The total numbers of houses sprayed were 1791.

Apart from this one more camp run by MCI was sprayed with Icon WP 10. This camp (New Saranan) was highly prevalent for Vivax malaria during the year 2000 (AVI 80.7/1000 Pop). The insecticide used during this activity was purchased by MCI itself and technical assistance was provided by HNI.

The spraying activities in NWFP were commenced on 16th July and were completed on 17th August. Household spray campaign with residual insecticides were launched in 16 highly malarious refugee camps throughout the province with different insecticides. Table 5 shows the insecticide used, the number of houses and rooms sprayed in the two provinces during the 2001 spray campaign.

Table 5. Number of houses and rooms sprayed in the year 2001

Province	Insecticide	Houses sprayed	Rooms/tents sprayed
Baluchistan	Deltamethrin 50 WP	1064	5260
NWFP	Icon 10 WP	9661	33212
NWFP	Deltamethrin 50 WP	7322	33765
Baluchistan	Icon 10 WP	727	3169
Total		18774	75406

5.1.2. Spraying campaign monitoring

In order to ensure that the desired standards are maintained throughout the campaign, a thorough monitoring of the campaign was carried out. The components of this monitoring activity include:

A) Pre -spray efficacy test of the residual insecticides
B) Post -spray residual effect of insecticides
C) Monitoring of the actual spraying
D) Post -spray population surveys

A) Pre spraying entomological studies.

The effectiveness of the insecticides, which were used in the year 2001-spray campaign, was tested at the Adezai refugee camp . The purpose of the exercise was to evaluate the efficacy and effectiveness of the insecticides in spray campaign. These included Deltamethrin and Icon.
Samples from both the insecticides were obtained from UNHCR/PDH Warehouse in Peshawar and were tested for their efficacy. Cone Bioassay tests were carried out on prepared mud blocks. Lab reared mosquitoes (15 per cone) were exposed to the sprayed surface for 15 and 30 minutes and the immediate mortality as well as delayed mortality was calculated and recorded. Promising results were obtained as shown in Table 6.

Table 6 Results of cone bioassay test

Insecticides used	Source of Mosquitoes	Exposure Time	Mortality after exposure	
			Immediately	After 24 hours
Deltamethrin WP 50	Lab Reared	15 minutes	100%	100%
Deltamethrin WP 50	Lab Reared	30 minutes	100%	100%
Icon 10 WP	Lab Reared	15 minutes	100%	100%
Icon 10 WP	Lab Reared	30 minutes	100%	100%
Control	Lab Reared	15 minutes	0%	0%
Control	Lab Reared	30 minutes	0%	0%

B) Post spray residual entomological studies

This activity had been planned to determine the residual effect of the insecticide used in the 2001 spray campaign but could not be carried out due to insecurity in the target areas.

C) Monitoring of the actual spraying

Monitoring Checklists were designed and distributed to the monitoring teams from

UNHCR, PDH, HNI and other implementing partners. Different aspects of the spray campaign including the stock situation, position of the spray pumps, accuracy of the spray technique, spraymen safety and the response and co-operation of the community were recorded.

HNI, PDH and partner NGOs monitoring teams checked 39 spray squads throughout NWFP. During these visits a total of 151 spray pumps were examined. A brief analysis of data collected is presented below:

- 86% of the pumps were in proper working condition while the remaining were not working accurately.
- 100% of the pumps had having relief valve and filters.
- 90% of the pumps had proper pressure gauge while the remaining 10 were missing.
- Various aspects of the spraying technique like the maintenance of adequate pressure, the distance of the nozzle from the spraying surface, the width of the spray swath and the velocity of spraying were recorded in full detail. It was found that in 90% of cases the technique applied by spraymen was adequate, while the remaining 10 were not very careful in this regard. Training was given on the spot wherever some fault was observed.
- It was observed that 100% of the spray workers were using protective cloths.
- 98% spray workers were using masks while the same number of spraymen was wearing gloves provided.
- 85% of the rooms being sprayed were properly vacated.

D) Post spray population surveys

A community evaluation survey had been planned in September/October after the completion of the spray campaign. The objective of this activity was to verify the quality, coverage, and community's satisfaction with the spray campaign in the field, but could not be conducted due to insecurity in the refugee camps after the 11 September incident.

5.2. Focal spraying

Spraying of selected areas within the camps, i.e. focal spraying, which is a more cost effective and focused method compared to "blanket" spraying was implemented in one camp in NWFP and one in Baluchistan. The basis for adapting this strategy was the observation that malaria and leishmaniasis cases tend to cluster in populations.

Fifty percent of the population of Ghazgi Minara Refugee (pop 8116) Village in Baluchistan was covered by spray. Similarly, Jalala camp in district Mardan was mapped for the distribution of *P. falciparum* cases and because of this activity Malak Toor area (a small population cluster of Jalala refugee village, (pop 766) was sprayed.

Apart from these two areas a small portion of Wocha Khora refugee camp located in South Waziristan (Ghalga) was sprayed with icon WP 10 in the month of September. This was because of a high number of falciparum cases reported from that camp.

Entomological studies were carried out in this specific area to find vector density and species composition before initiation of spray. Detail report and map depicting the disease distribution in this specific area is attached as *Annexes 12 a, and* b respectively.

5.3. Cattle Sponging

It is now evident that sponging of livestock with insecticide is the most cost-effective method to control malaria. Various studies carried out in this part of Asia have shown promising results. Due to the zoophilic nature of the vector (They prefer to take the blood meal from animals), CS should have an important role for the control of epidemics in the future and as an alternative for IRS.
This activity was conducted in two refugee camps in Hangu. Preliminary training for the spongers, diluters and other related staff of the BHU was conducted before the initiation of the campaign. This campaign was extensively supervised by HNI sponging team with the collaboration of International Rescue committee (IRC). HNI's sponging team consists of a veterinary Doctor and a project officer stayed in the field throughout the activity.

All the available livestock were sponged in two selected camps namely Naryab (population 4832) and L. Banda (population 12674) in District Kohat. Deltamethrine SC 50 was used for this intervention. Two rounds of sponging were carried out from June to August. Third round of CS could not be conducted due to closer of IRC Health centers and insecurity in the area. Both these villages had a high incidence of malaria (AVI 165 and 117 per thousand population) and (AFI 8.9 and 0.5 per thousand population respectively) during 2000.

Table 7 Total number of livestock sponged

Cattle		Buffaloes		Sheeps		Goats	
Total	Sponged	Total	Sponged	Total	Sponged	Total	Sponged
3032	2750	20	14	2115	1917	2762	2344

It is significant to note that both form of malaria has shown a remarkable reduction.

Table 8 Impact of cattle sponging on malaria

Camp	AVI 2000	AVI 2001	AFI 2000	AFI 2001
L.Banda	117	35	0.5	1
Naryab	165	31	8.9	0

5.4. "Zamen Kits"

These kits were introduced to the communities of Adezai and Naguman refugee camps in the year 2000. Each kit is composed of 8 ml of Deltamethrin SC 50, a pair of gloves and a health educational leaflet, which depicts instructions on use of insecticide. This insecticide is sufficient for a net having 16m2 surface area. The price of each kit was Rs. 20 and was provided to users through the BHUs. A total of 67 kits were sold in two camps.

5.5. Insecticide Treated Bednets

ITNs were put on sale in 26 refugee camps in North West Frontier Province and Punjab at subsidized prices. The price of one impregnated Bed net was 180 Pak rupees. The proposed target of ITN sale in 17 camps was to cover 30% population of the camps, which were selected last year and 10% for the newly selected camps. 8% of the total cost of ITN, which is equal to 10.8 and 3.6 rupees per Bednets, were paid to CHWs and CHSs respectively as incentive for impregnation, health education, revenue collection and record keeping.

Various Health Education materials including flip charts, banners, calendars, posters and health education leaflets depicting messages regarding the proper use and maintenance as well as the benefits of ITNs were disseminated in these camps.

Last year it was observed that one of the main reason for low sale was the late distribution of ITNs. This year sale was started much earlier (2nd week of April) which showed encouraging results. 10084 Bednets were sold throughout NWFP and Punjab in the year 2001. Most of the camps have achieved its target. District wise distribution and sale is attached as *Annex 13*.

Another 1000 Bednets were provided to Mercy Corps International (MCI), an international NGO working for the Afghan refugees in Quetta Baluchistan. Initially MCI purchased 1000 Bednets from HNI at full cost including the cost of transport. These ITNs were offered to the community of New Saranan, Loralai, Surkhab, Peer Alizai and Chaghi. All provided nets were sold. The price of the net was the same as in other camps.

5.6. Re-impregnation of ITNs

Campaign for re-impregnation of Bednets was conducted in 22 refugee camps in NWFP and Punjab. All net holders were informed through CHWs, school teachers, school children and Mosques loudspeaker. HNI staff members extensively monitored the entire campaign. A total of 7217 Bednets were re-impregnated.

Table 9 Impact of ITNs on malaria incidence

Camp	Population	2000		Intervention prop- for 2001	Net% Cover in 2001	2001	
		AVI	AFI			AVI	AFI
Naryab	5543	165.15	8.90	ITN+CS	39.7	31.0	0.00
Baghicha	9059	46.91	0.20	ITN	36.7	51.0	1.66
Kotki-2	5781	170.15	5.27	ITN+RS	36.0	65.0	0.80
Dallan	10990	85.66	5.08	ITN	30.3	33.0	1.91
Azakhil-2	12362	19.45	0.00	ITN	28	5.0	0.00
Bagzai	13000	18.2	1.39	ITN	24.2	10.0	1.30
Kagan	3379	157.18	0.00	ITN	23.4	111.0	0.00
Zarinoor	18250	24.13	5.64	ITN	20.2	26.0	15.20
Azakhil-1	12654	20.53	3.83	ITN	19.5	6.0	0.43
M.khoja	9466	251.11	25.14	ITN	17.6	122.0	9.50
Katakana	8437	45.74	0.79	ITN	16.6	35.0	0.13
Thall-1	11087	144.09	6.38	ITN+RS	16.5	133.0	1.13
Darsamand	19062	120.76	1.1	ITN	14.7	45.0	1.20
Thall 2	17703	47.22	0.62	ITN	13.7	25.0	0.20
Badaber	11000	79.27	0.27	ITN	11.9	67.0	3.40
Toor	11926	123.68	1.59	ITN	10.9	203.0	2.50
Kerala	8365	128.81	15.94	ITN+RS	10.4	76.0	5.90
W.Khwara	10622	23.94	3.12	***	7.9	34.0	12.00
K.chandna	28580	30.70	2.50	RS+ITN	7.4	9.8	4.40
Oblan	10000	8.64	0.07	ITN	4.4	3.0	0.06
Ghamkol-1	15476	16.23	0.33	ITN	4.3	6.0	0.43
Ghamkol-2	15421	12.06	0.20	ITN	4.3	8.0	0.65
D.Dola	15307	94.64	12.01	ITN+RS	3.5	71.0	3.50
Naguman	5252	320.45	9.9	Mosbar+Imp,Kit+ITN+RS	3.5	662.0	5.70
A.Warsak	16802	49.44	9.2	***	2.2	26.0	20.10
Jalala	16507	35.86	1.94	ITN+RS(Focal)	1.8	35.0	2.20
Total	*281134*				*15.8*		
Bhu2	12334	27.00	0.00	ITN	24.4	20.0	0.20
Ghazi	14300	4.26	0.00	ITN	12.2	5.0	0.40
Bhu4	14740	22.92	0.13	ITN	5.3	21.0	0.60
Basomera	13600	35.81	0.86	ITN	2.7	39.0	0.10

5.7. Use of repellent

Mosbar (an insect repellent) were offered to the community of three refugee camps namely Naguman, Adezai and Kai. Naguman and Kai camps were supplemented with ITNs and IRS during the year 2001. Bars were sold through BHUs on cost recovery basis. These bars were available in two different sizes that were of 20 and 40 grams. The prices of these bars were Rs 20 and 40 respectively. 176 Mosbar of 20 and 40 gram size have been sold in three camps so far.

5.8. Larviciding

Larviciding is one of the cheapest and effective techniques for vector control. This activity was started last year in Malgagi refugee village in Baluchistan and was repeated this year. The outreach workers performed the activity on a fortnightly basis where the entire active breeding sites, which have already been mapped were sprayed with **ABATE 500 EC** in its recommended dose between April and November. Encouraging results have been achieved so far. It is significant to note that only one falciparum case was reported from the refugee population residing inside the camp area. All the remaining malaria cases were either reported from the refugee population residing outside the camp or host population.

6. SURVEYS

Two separate surveys were carried out in two refugee villages to determine the prevalence of Malaria and Leishmaniasis among the new arrivals. Due to large population movement of IDPs within the country and to the neighbouring countries there was a great menace of imported malaria/Leishmaniasis to the host communities.

Keeping in view the above situation Malaria/ Leishmaniasis prevalence surveys were conducted by HNI among new arrivals in Kacha Garhi and New Shamshatoo refugee camps. Each selected refugee camp had a functioning Basic Health Unit (BHU) managed by either UNHCR/ PDH or Non Governmental Organization (NGO). Three teams from HNI were constituted to conduct prevalence surveys.

A total of 506 individuals were randomly selected for the prevalence of malaria from the selected families, Similarly another 335 families were screened for CL cases in these camps.

Immunochromatographic test (ICT) was used for the diagnosis of malaria, (ICT, is a rapid, in vitro immunodiagnostic test for the detection of circulating plasmodium falciparum (Pf) and plasmodium vivax (Pv) antigens in blood). According to the survey report only twelve individuals were found to be malaria positive (4 Vivax, 5 Falciparum and 3 Mix). Overall prevalence came out to be 2.3%.

Similarly, cases of cutaneous leishmaniasis have also been reported in the new arrivals. To find out the real picture of the disease burden the same camps (Kacha Garhi and New Shamshatoo) were screened for CL cases. Overall prevalence was 1.1%. Detail report of the surveys is attached as *Annex 14*.

7. OPERATIONAL RESEARCH IN MALARIA AND LEISHMANIASIS CONTROL

7.1. Use of alternative drug combination in P.falciparum infections

The resistance to chloroquine of *P.falciparum* is already high camps. The issue of malaria resistance to drug therapies is a problem for the world wide malaria control community and attention has recently been focused on the idea of combination therapy as a mean to waylay this trend. A WHO sponsored drug trial is underway in Adezai and Mohd Khoja camps to assess the benefit of adding artesunate (AS) to chloroquine or SP regimens.

The trial will consider patient outcome data to assess whether an improved cure rate is seen, patterns in parasite resistance will be monitored by a link with the London School of Hygiene and Tropical Medicine who will carry out genotyping of blood samples.

7.2 Use of alternative drug regimens for transmission reduction

Combination therapy with antimalarials is not only a source of current interest as a means of preventing drug resistance. There is also the possibility that the a drug regimen including artemisinin compounds may reduce transmission of the disease. AS reduces the numbers of malaria gametocytes in the blood and therefore the numbers of parasite available for uptake and transmission by the mosquito population is reduced. To assess this parasite counts are carried out on several days follow up after treatment in the trial above. Feeding studies are also carried out to look at the viability of the gametocytes that are present. For this study blood is taken from patients seven days after treatment and fed to insectory reared mosquitoes through membrane feeders. These mosquitoes are then maintained and dissected after seven days. Presence of oocyst on the midgut is taken as the indicator for gametocyte viability, relative numbers of oocysts across drug regimens is examined. This trial is ongoing.

7.2 Evaluation of Permanet

It has now been proved by various field trials that use of treated bednets is a highly effective and sustainable method of malaria control. Re-impregnation of Bednets is a time consuming exercise, which also needs a lot of manpower. However some companies are now manufacturing so called 'long lasting' bed nets said to provide better residual efficacy than conventionally treated nets. PermaNet (manufacturer Vestergaard Frandsen) claim wash resistance up to 21 washes.

Our trials of PermaNet (manufacturer Vestergaard Frandsen) were conducted in the entomological field station at Azakhel and at the insectary at Adezai.

PermaNet was evaluated in several ways, always in comparison to a net conventionally treated with Deltamethrin to the same concentration.

Evaluation consisted of:

Outdoor, overnight platform bioassays on washed nets

To assess nets in a situation approximating normal use in the malaria season, when users usually sleep outside in their compounds under bed nets. Nets were evaluated in Azakhel camp overnight with wild caught, host seeking mosquitoes and proportions of mosquitoes dead and blood fed were used as an indicator of insecticidal efficacy of the nets. Nets washed 0,5,10,15 and 20 times were compared in a 60 night trial.

Insectary bioassays
Two types of bioassay were carried out.

Cone test: In this test 11 mosquitoes were exposed in a cone recommended by WHO to a specific treated piece for three minutes. Mortality was recorded after one hour and 24 hours of exposing.

Median frame test: For this test 11 mosquitoes were exposed inside a wire frame which was covered by a piece of treated bed net and the time of the 6th mosquito knocked down was recorded.

Net pieces were evaluated in this way to consider the following:
- **number of washes**: nets were tested after every third wash.
- **length of time of exposure to sunlight**: UV light is known to degrade pyrethroid insecticides. Nets were therefore exposed to sunlight for varying periods and then tested.

The report of the PermaNet evaluation has been submitted to the funding body and will therefore be available next year.

IV THE IMPACT OF OUR WORK ON

1. Women, Children and Adolescents

There is no gender discrimination in terms of malaria. Both genders are equally exposed to the disease but children and pregnant women are at higher risk. Complications due to malaria are highly dangerous and even fatal particularly in children. The policy is that these groups should be given priority in terms of self-protection, case detection, and treatment.

2. Environment

The insecticides supplied by UNHCR (Pyrethroid group) for residual spray and other interventions have limited toxic effects and are harmless to human's life and environment. Moreover, other techniques for the control of malaria like Cattle Sponging, Insecticide Treated Bednets, Insect repellents have negligible or no adverse effects on environment.

Adaptation of good habits and healthy practices have positive effects on environment; Health education messages delivered to the communities emphasized on various aspects of sanitation, disposal of garbage and other ways to have a clean environment. This will subsequently lead to the control of malaria. Communities are encouraged to destroy breeding places of mosquitoes to further reduce transmission of the disease.

2. Community Participation/Self-Reliance

Most of the activities carried out in the refugee camps depend on participation from the community. Refugee communities were encouraged to take responsibility of their own health. Introduction of ITNs at subsidised prices and Mosbar at full cost recovery basis is a further step towards self-reliance and sustainability. Help were sought from the community during spray and cattle sponging campaign. Meetings with the Community, community health workers and other health related staff were regularly held before and after the implementation of various programs.

VI. CONSTRAINTS CONFRONTED

- Technical problems are being faced while using UNHCR, HIS system; analysis of the available data is extremely unreliable. The data used for this report has been extracted from HNI own database.
- Some of the leishmaniasis cases were not offered treatment due to shortage of injection Glucantime.
- Some of the planned activities could not be completed due to insecurity in the tribal areas, where most of the refugee camps have been setup.
- Monitoring Checklists, which were distributed to the monitoring, teams from UNHCR, PDH and other partner NGOs teams did not return filled checklists for analysis and evaluation.

Annex – 1

Malaria incidence 2001 Camp refugees NWFP

District	Camp	Population	TSE	PV	PF	MIX	PF+MIX	AVI	AFI
BAJAUR	D.DOLA TOTAL	16206	4414	1150	56	1	57	71	3.52
BAJAUR	KERALA	8861	3501	675	50	3	53	76	5.98
BAJAUR	NAWAB ABAD	9819	2071	295	3	0	3	30	0.31
BAJAUR	SHAJEHAN ABAD	11310	1578	173	3	0	3	15	0.27
BAJAUR	YOUSAF ABAD	11931	4250	1316	36	1	37	110	3.10
BANNU	GAMBILLA (S)	13000	1064	67	12	0	12	5	0.92
DI KHAN	AZAM WARZAK	16802	2995	438	338	0	338	26	20.12
DI KHAN	PUSHA PUL	6113	1147	76	55	0	55	12	9.00
DI KHAN	WACHAKORA	10622	2298	364	128	0	128	34	12.05
DI KHAN	ZARI NOOR	20566	2373	540	314	0	314	26	15.27
DIR	CHAKDARA	17025	858	17	0	0	0	1	0
DIR	MAYAR	6287	965	104	2	0	2	17	0.32
DIR	TIMER	12873	1272	58	0	0	0	5	0
DIR	TOOR	10625	5703	2159	27	0	27	203	2.54
HARIPUR	BARARI	19067	407	46	0	0	0	2	0
HARIPUR	BASOMERA	9429	1789	368	1	0	1	39	0.11
HARIPUR	BHU 1	16180	2515	373	2	0	2	23	0.12
HARIPUR	BHU 2	13114	1877	269	8	0	8	21	0.61
HARIPUR	BHU 3	22648	2110	280	10	0	10	12	0.44
HARIPUR	BHU 4	15278	1471	303	2	1	3	20	0.20
HARIPUR	ICHRIAN	12393	1006	165	4	0	4	13	0.32
HARIPUR	KHAKI 5	26933	1838	602	0	0	0	22	0
HARIPUR	SCF GHAZI	13854	702	69	4	2	6	5	0.43
HARIPUR	SHU	18395	1660	225	0	0	0	12	0
KOHAT	DALAN	11538	2986	379	22	0	22	33	1.91
KOHAT	DARSAMAND	18285	5961	829	26	0	26	45	1.42
KOHAT	DOABA	13414	1440	260	9	0	9	19	0.67
KOHAT	G. BANDA	13472	493	53	3	0	3	4	0.22
KOHAT	GAMKOL 1	16259	1125	104	5	2	7	6	0.43
KOHAT	GAMKOL 2	15360	1296	121	6	4	10	8	0.65
KOHAT	KAHI	11465	3266	818	20	0	20	71	1.74
KOHAT	KATAKANA	7724	2272	273	1	0	1	35	0.13
KOHAT	KHOTKI 1	7596	3253	397	5	0	5	52	0.66
KOHAT	KHOTKI 2	6089	2972	396	5	0	5	65	0.82
KOHAT	L.BANDA	13422	4487	473	14	0	14	35	1.04
KOHAT	M.KHOJA	13352	9741	1626	123	4	127	122	9.51
KOHAT	NARYAB	4832	625	149	0	0	0	31	0
KOHAT	OBLAN	15841	647	47	1	0	1	3	0.06
KOHAT	SHAHPUR	13048	675	77	1	0	1	6	0.08
KOHAT	THALL 1	10633	6985	1419	12	0	12	133	1.13
KOHAT	THALL 2	17961	3585	445	4	0	4	25	0.22
L KURRAM	BAGZAI 1	14438	1508	138	19	0	19	10	1.32
L KURRAM	BUSHERA	10573	1592	190	32	0	32	18	3.03
L KURRAM	CHAPRI	7700	850	74	74	1	75	10	9.74

MARDAN	BAGHICHA	10267	4426	519	17	0	17	51	1.66
MARDAN	BARAKAI TOTAL	43622	4507	192	10	0	10	4	0.23
MARDAN	DARGAI	8803	855	61	12	0	12	7	1.36
MARDAN	GANDAF	16690	4169	459	6	0	6	28	0.36
MARDAN	JALALA	16749	2818	584	37	0	37	35	2.21
MARDAN	KAGAN	4091	4746	456	0	0	0	111	0
MARDAN	PALAI	6099	615	74	9	0	9	12	1.48
MIRAMSHAH	DARGAMANDI	13953	731	52	4	0	4	4	0.29
MIRAMSHAH	DARPAKHEL	14988	627	38	0	0	0	3	0
MIRAMSHAH	MATCH FACTOR	22101	792	63	3	0	3	3	0.14
PESHAWAR	ADIZAI	4939	8216	1085	14	1	15	220	3.04
PESHAWAR	ZANGALI	8761	506	69	7	0	7	8	0.80
PESHAWAR	AZAKHEL 1	13799	3149	79	6	0	6	6	0.43
PESHAWAR	AZAKHEL 2	17208	2016	90	0	0	0	5	0
PESHAWAR	JALOZAI 1	30339	943	122	1	0	1	4	0.03
PESHAWAR	JALOZAI 2	41835	2847	276	8	0	8	7	0.19
PESHAWAR	NEW JALOZAI	15000	1462	235	26	0	26	16	1.73
PESHAWAR	JEHAD KALAY	8996	678	66	16	0	16	7	1.78
PESHAWAR	KHAIR ABAD	10801	1141	147	5	0	5	14	0.46
PESHAWAR	AKORA 1	16606	826	38	5	0	5	2	0.30
PESHAWAR	AKORA 2	16139	765	56	3	0	3	3	0.19
PESHAWAR	AKORA 3	13457	676	48	1	0	1	4	0.07
PESHAWAR	BADABER (MM)	10000	3006	672	33	1	34	67	3.40
PESHAWAR	BADABER (PDH)	17968	1688	262	9	0	9	15	0.50
PESHAWAR	BAGHBANAN	23531	2917	430	2	0	2	18	0.08
PESHAWAR	KABABIAN	17111	3109	113	14	1	15	7	0.88
PESHAWAR	KACHAGHARI D	15000	1888	247	28	0	28	16	1.87
PESHAWAR	KACHAGARHI H	30350	5709	743	29	0	29	24	0.96
PESHAWAR	KACHAGARHI IM	34604	646	51	5	0	5	1	0.14
PESHAWAR	KATCHURI	20150	2342	97	1	0	1	5	0.05
PESHAWAR	KAZANA	17619	3087	162	18	0	18	9	1.02
PESHAWAR	KHURASAN	10000	1015	62	35	0	35	6	3.50
PESHAWAR	MUNDA PUL	17156	4284	167	0	0	0	10	0
PESHAWAR	NAGUMAN	5368	9471	3555	31	0	31	662	5.77
PESHAWAR	NASIRBAGH 1	31017	2285	108	5	0	5	3	0.16
PESHAWAR	NASIRBAGH 2	17091	3327	226	5	0	5	13	0.29
PESHAWAR	NEW NASIRBAG	14871	1501	184	10	0	10	12	0.67
PESHAWAR	NEW Shamshatoo	8668	1034	161	0	0	0	19	0
PESHAWAR	NEW Shamshatoo	10000	859	146	13	0	13	15	1.30
PESHAWAR	NEW Shamshatoo	11500	876	238	33	0	33	21	2.87
PESHAWAR	UTMANZAI	8675	945	50	0	0	0	6	0
PESHAWAR	YAKA GHOUND	5000	778	66	155	0	155	13	31
UKURRAM	M.KOT	10927	1116	100	16	0	16	9	1.46
UKURRAM	SATIN	12944	998	228	38	0	38	18	2.94
UKURRAM	SHASHU	15879	1630	339	40	0	40	21	2.52

Malaria incidence 2001 Non camp refugees NWFP

District	Camp	PV	PF	MIX
BAJAUR	D.DOLA TOTAL	0	0	0
BAJAUR	KERALA	197	43	0
BAJAUR	NAWAB ABAD	2	7	0
BAJAUR	SHAJEHAN ABAD	12	0	0
BAJAUR	YOUSAF ABAD	8	0	0
BANNU	GAMBILLA (S)	0	0	0
DI KHAN	AZAM WARZAK	175	31	0
DI KHAN	PUSHA PUL	0	0	0
DI KHAN	WACHAKORA	39	14	0
DI KHAN	ZARI NOOR	11	60	0
DIR	CHAKDARA	4	2	0
DIR	MAYAR	23	3	0
DIR	TIMER	14	0	0
DIR	TOOR	2	1	0
HARIPUR	BARARI	0	0	0
HARIPUR	BASOMERA	0	0	0
HARIPUR	BHU 1	0	0	0
HARIPUR	BHU 2	0	0	0
HARIPUR	BHU 3	3	1	0
HARIPUR	BHU 4	0	0	0
HARIPUR	ICHRIAN	0	0	0
HARIPUR	KHAKI 5	0	0	0
HARIPUR	SCF GHAZI	0	0	0
HARIPUR	SHU	0	0	0
KOHAT	DALAN	35	0	0
KOHAT	DARSAMAND	3	0	0
KOHAT	DOABA	0	0	0
KOHAT	G. BANDA	0	0	0
KOHAT	GAMKOL 1	0	0	0
KOHAT	GAMKOL 2	0	0	0
KOHAT	KAHI	0	0	0
KOHAT	KATAKANA	0	0	0
KOHAT	KHOTKI 1	0	0	0
KOHAT	KHOTKI 2	1	0	0
KOHAT	L.BANDA	0	0	0
KOHAT	M.KHOJA	6	21	3
KOHAT	NARYAB	0	1	0
KOHAT	OBLAN	0	1	0
KOHAT	SHAHPUR	0	0	0
KOHAT	THALL 1	9	2	0
KOHAT	THALL 2	15	0	0
L KURRAM	BAGZAI 1	0	6	0
L KURRAM	BUSHERA	2	0	0
L KURRAM	CHAPRI	3	1	0

MARDAN	BAGHICHA	12	0	0
MARDAN	BARAKAI TOTAL	2	0	0
MARDAN	DARGAI	0	0	0
MARDAN	GANDAF	7	0	0
MARDAN	JALALA	0	0	0
MARDAN	KAGAN	36	0	0
MARDAN	PALAI	0	0	0
MIRAMSHA	DARGAMANDI	0	0	0
MIRAMSHA	DARPAKHEL	0	0	0
MIRAMSHA	MATCH FACTORY	0	0	0
PESHAWA	ADIZAI	452	29	0
PESHAWA	ZANGALI	0	0	0
PESHAWA	AZAKHEL 1	3	18	0
PESHAWA	AZAKHEL 2	0	2	0
PESHAWA	JALOZAI 1	2	0	0
PESHAWA	JALOZAI 2	18	0	0
PESHAWA	NEW JALOZAI	0	0	0
PESHAWA	JEHAD KALAY	0	0	0
PESHAWA	KHAIR ABAD	0	0	0
PESHAWA	AKORA1	0	0	0
PESHAWA	AKORA 2	1	0	0
PESHAWA	AKORA 3	0	0	0
PESHAWA	BADABER (MM)	126	15	0
PESHAWA	BADABER (PDH)	2	1	0
PESHAWA	BAGHBANAN	10	1	0
PESHAWA	KABABIAN	0	0	0
PESHAWA	KACHAGHARI D S	35	4	0
PESHAWA	KACHAGARHI HMRB	75	31	0
PESHAWA	KACHAGARHI IMC	0	0	0
PESHAWA	KATCHURI	2	1	0
PESHAWA	KAZANA	4	0	0
PESHAWA	KHURASAN	70	10	0
PESHAWA	MUNDA PUL	0	1	0
PESHAWA	NAGUMAN	21	6	0
PESHAWA	NASIRBAGH 1	0	0	0
PESHAWA	NASIRBAGH 2	0	0	0
PESHAWA	NEW NASIRBAGH	5	3	0
PESHAWA	NEW ShamshatooIMC	1	0	0
PESHAWA	NEW ShamshatooLDI	0	0	0
PESHAWA	NEW ShamshatooPDH	0	0	0
PESHAWA	UTMANZAI	0	0	0
PESHAWA	YAKA GHOUND	0	0	0
UKURRAM	M.KOT	3	1	0
UKURRAM	SATIN	0	0	0
UKURRAM	SHASHU	38	4	0

Malaria incidence 2001 locals NWFP

District	Camp	PV	PF	MIX
BAJAUR	D.DOLA TOTAL	5	2	0
BAJAUR	KERALA	67	6	0
BAJAUR	NAWAB ABAD	233	17	0
BAJAUR	SHAJEHAN ABAD	6	0	0
BAJAUR	YOUSAF ABAD	90	9	0
BANNU	GAMBILLA (S)	6	1	0
DI KHAN	AZAM WARZAK	86	46	0
DI KHAN	PUSHA PUL	12	2	0
DI KHAN	WACHAKORA	4	7	0
DI KHAN	ZARI NOOR	0	0	0
DIR	CHAKDARA	0	0	0
DIR	MAYAR	0	0	0
DIR	TIMER	3	0	0
DIR	TOOR	0	0	0
HARIPUR	BARARI	0	0	0
HARIPUR	BASOMERA	0	0	0
HARIPUR	BHU 1	0	0	0
HARIPUR	BHU 2	0	0	0
HARIPUR	BHU 3	1	0	0
HARIPUR	BHU 4	0	0	0
HARIPUR	ICHRIAN	0	0	0
HARIPUR	KHAKI 5	0	0	0
HARIPUR	SCF GHAZI	0	0	0
HARIPUR	SHU (Deenda)	0	0	0
KOHAT	DALAN	1	2	0
KOHAT	DARSAMAND	1	0	0
KOHAT	DOABA	0	0	0
KOHAT	G. BANDA	0	0	0
KOHAT	GAMKOL 1	0	0	0
KOHAT	GAMKOL 2	0	0	0
KOHAT	KAHI	0	0	0
KOHAT	KATAKANA	0	0	0
KOHAT	KHOTKI 1	0	0	0
KOHAT	KHOTKI 2	0	0	0
KOHAT	L.BANDA	0	1	0
KOHAT	M.KHOJA	2	1	0
KOHAT	NARYAB	0	0	0
KOHAT	OBLAN	0	0	0
KOHAT	SHAHPUR	0	0	0
KOHAT	THALL 1	0	0	0
KOHAT	THALL 2	6	0	0
L KURRAM	BAGZAI 1	0	0	0
L KURRAM	BUSHERA	0	0	0
L KURRAM	CHAPRI	3	0	0

MARDAN	BAGHICHA	13	0	0
MARDAN	BARAKAI TOTAL	2	0	0
MARDAN	DARGAI	0	0	0
MARDAN	GANDAF	0	1	0
MARDAN	JALALA	0	0	0
MARDAN	KAGAN	279	0	0
MARDAN	PALAI	0	0	0
MIRAMSHA	DARGAMANDI	0	0	0
MIRAMSHA	DARPAKHEL	2	0	0
MIRAMSHA	MATCH FACTORY	3	0	0
PESHAWA	ADIZAI	2	0	0
PESHAWA	ZANGALI	0	1	0
PESHAWA	AZAKHEL 1	0	0	0
PESHAWA	AZAKHEL 2	0	0	0
PESHAWA	JALOZAI 1	1	1	0
PESHAWA	JALOZAI 2	9	1	0
PESHAWA	NEW JALOZAI	0	0	0
PESHAWA	JEHAD KALAY	0	0	0
PESHAWA	KHAIR ABAD	1	0	0
PESHAWA	AAKORA1	0	0	0
PESHAWA	AKORA 2	6	0	0
PESHAWA	AKORA 3	0	0	0
PESHAWA	BADABER (MM)	85	4	0
PESHAWA	BADABER (PDH)	2	0	0
PESHAWA	BAGHBANAN	13	1	0
PESHAWA	KABABIAN	0	0	0
PESHAWA	KACHAGARHI D S	0	0	0
PESHAWA	KACHAGARHI HMRB	0	0	0
PESHAWA	KACHAGARHI IMC	0	0	0
PESHAWA	KATCHURI	2	0	0
PESHAWA	KAZANA	0	1	0
PESHAWA	KHURASAN	2	0	0
PESHAWA	MUNDA PUL	0	0	0
PESHAWA	NAGUMAN	2	3	0
PESHAWA	NASIRBAGH 1	0	0	0
PESHAWA	NASIRBAGH 2	0	0	0
PESHAWA	NEW NASIRBAGH	0	0	0
PESHAWA	NEW ShamshatooIMC	0	0	0
PESHAWA	NEW ShamshatooLDI	0	0	0
PESHAWA	NEW ShamshatooPDH2	0	0	0
PESHAWA	UTMANZAI	0	0	0
PESHAWA	YAKA GHOUND	0	0	0
UKURRAM	M.KOT	0	0	0
UKURRAM	SATIN	5	0	0
UKURRAM	SHASHU	16	0	0

Malaria Incidence 2001Camp refugees Baluchistan

District	Camp	Population	PV	PF	MIX	AVI	AFI
Chaghi	Chaghi	14808	6	1	0	0.4	0.1
Chaghi	Gridi Jungle	31475	0	0	0	0	0
Chaghi	Posti	12420	8	5	0	0.6	0.4
Chaghi	Leji Karez	5515	21	0	0	3.8	0
Loralai	Ghazgi Minara	4888	55	27	0	11.3	5.5
Loralai	Katwai	11994	186	66	0	15.5	5.5
Loralai	Zarkarez 1	4778	153	25	0	32.0	5.9
Loralai	Zarkarez 3	5430	126	25	0	23.2	4.6
Pishin	New Saranan	35716	2037	18	0	57.0	0.5
Pishin	Old Saranan	6883	36	2	0	5.2	0.3
Pishin	Pir Ali Zai 1	5981	14	8	0	2.3	1.3
Pishin	Pir Ali Zai 2	9625	101	59	2	10.5	6.1
Pishin	Pir Ali Zai 3	9779	68	33	0	7.0	3.4
Pishin	Surkhab-Modle	11495	397	68	7	34.5	5.0
Pishin	Surkhab IV	9906	111	14	2	11.2	1.4
Pishin	Surkhab V	9184	91	4	0	9.9	0.4
Quetta	M.Khel--1	7929	39	24	0	4.9	3.0
Zhob	Malgagai I	2421	0	0	0	0	0
Zhob	Malgagai IV	5156	1	0	0	0.2	0

Malaria incidence 2001 Non Camp refugees Baluchistan

District	Camp	PV	PF	MIX
Chaghi	Chaghi	3	0	0
Chaghi	Gridi Jungle	0	0	0
Chaghi	Posti	0	0	0
Chaghi	Leji Karez	0	0	0
Loralai	Ghazgi Minara	9	4	0
Loralai	Katwai	83	36	2
Loralai	Zarkarez 1	36	15	0
Loralai	Zarkarez 3	15	14	0
Pishin	New Saranan	0	0	0
Pishin	Old Saranan	0	0	0
Pishin	Pir Ali Zai 1	0	0	0
Pishin	Pir Ali Zai 2	0	0	0
Pishin	Pir Ali Zai 3	3	0	0
Pishin	Surkhab-Modle	0	0	0
Pishin	Surkhab IV	0	0	0
Pishin	Surkhab V	0	0	0
Quetta	M.Khel--1	58	36	3
Zhob	Malgagai I	20	2	0
Zhob	Malgagai IV	148	28	0

Malaria incidence 2001Local Baluchistan

District	Camp	PV	PF	MIX
Chaghi	Chaghi	2	0	0
Chaghi	Gridi Jungle	0	0	0
Chaghi	Posti	2	1	0
Chaghi	Leji Karez	0	0	0
Loralai	Ghazgi Minara	1	0	0
Loralai	Katwai	19	18	0
Loralai	Zarkarez 1	32	8	0
Loralai	Zarkarez 3	0	2	0
Pishin	New Saranan	0	0	0
Pishin	Old Saranan	0	0	0
Pishin	Pir Ali Zai 1	0	0	0
Pishin	Pir Ali Zai 2	0	0	0
Pishin	Pir Ali Zai 3	0	0	0
Pishin	Surkhab-Modle	0	0	0
Pishin	Surkhab IV	0	0	0
Pishin	Surkhab V	0	0	0
Quetta	M.Khel--1	10	5	0
Zhob	Malgagai I	0	0	0
Zhob	Malgagai IV	0	28	0

Malaria incidence 2001 camp refugees Punjab

District	Camp	Population	PV	PF	MIX	AVI	AFI
Mianwali	Kot Chandna	31412	308	139	4	9.8	4.6

Malaria incidence 2001 Non camp refugees Punjab

District	Camp	PV	PF	MIX
Mianwali	Kot Chandana	48	28	0

Malaria incidence 2001 local Punjab

District	Camp	PV	PF	MIX
Mianwali	Kot Chandana	8	5	0

HEALTHNET
INTERNATIONAL

ANNUAL CO-ORDINATION MEETING **Date: 16/04/2001**

S. No	Name	Designation	Organization	Signature
1.	DR Mohammad Iqbal	DD MCP.	PDH.	
2.	Dr. M. Sarwar	M.O.	AMWA	
3.	Dr. Muntazir	Project manager	UAAR	
4.	Dr. Poonam Mazhar.	Asst. Prog Officer	UNHCR.	
5.	Dr Shamail Azimi	Health team leader	IMC	
6.	Dr Anwarul Haq	Country Director	IMC	Anwar
7.	Col (R) DR. Altaf-	Med Consultant		
8.	-UR-Rahmankhan	SAPROSH	SAPROSH CLOP-[illegible]	
9.	DR. SALIM AKBAR	PDH. BALUCHISTAN	A.R.D	
10.	Dr Dad Mohammad Shinwary	FSMO	KJRC	
11.	Dr Gul Habib	S.M.O	L.D.I	
12.	JAVED IQBAL MALIK	DEPUTY PROGRAMME COORDINATOR HNI QUETTA	HNI - QUETTA	
13.	DR. RONNIE D. PALOMAR	IRC - HPA	IRC	
14.	Dr. Tila Khan	IRC - Health Coordinator	IRC	
15.	Dr Zahid Jamal	Health Coordinator	CAR Punjab	

16.	Dr Emel	Director	[illegible]	
17.	Dennis Joseph	Prog: Administrator	CWS	
18.	Dr. Rahman Shah Mohmand	S. M. O	S. CF Haripur	
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Residual insecticide spraying campaign

The selection of camps for residual spraying was based on the disease incidence of the previous year (1999) Those having a *P. vivax* incidence of 30 or more per thousand population per year and/or a *P. falciparum* incidence of 5 cases or more per thousand population per year were selected for residual spraying activities.

Twenty-one camps in NWFP, five in Baluchistan and one in Punjab Province were sprayed with *Lambdacyhalothrine* and *Deltamethrin.*
Monitoring of residual spray were carried out to ensure appropriate spray campaign. Various teams were constituted from UNHCR, PDH and HNI. These monitoring teams checked the spray squads throughout NWFP, Punjab and Baluchistan. After the spray campaign a community evaluation surveys were conducted to verify the quality, coverage and the community satisfaction.

Discussions:
Majority of the participants expressed grave concern over the sub standard quality of spray pumps. The house was informed that last year UNHCR purchased 50 new pumps from J.M industries, which were found unsatisfactory in the spray campaign during the year 2000. These pumps were actually assemble for agricultural purposes and were not suitable for residual spray.

The issue of protective clothing was also discussed. The house was informed that more than 70% of the spray workers refused to wear the cloths being of Nylon material which caused excessive sweating among users. It is recommended that cloths of cotton material should be provided to the users that could be easily tolerated by them in the hot weather.

Insecticide Treated Bed nets.

ITN sale distribution was started in 21 selected camps of N.W.F.P and Punjab year 2000 to cover 10 % of the population. Selection of the camps was based on high prevalence of malaria. Last year in some camps we have crossed our target while in some other we fail thus making overall coverage of 5 %. This year we have increased our target by 20 % making overall target 30 %.

Cutaneous leishmaniasis:

The situation of leishmaniasis in 2000 was discussed. Reports from 24 ARVs located in NWFP were received. A total of 3452 cases were reported from 8 Districts and then depending on the clinical condition of the lesion and availability of the pentavalent antimonials the Medical officer decide whether the patient needed treatment or not. The house was informed that nearly 34% CL cases were left untreated due to non-availability of drug.

Proposed strategies and recommendations for 2001:

1. RESIDUAL SPRAY:

Insecticides residual spray (IRS) will be carried out during the year 2001.Two insecticides namely Deltamethrine and Icon will be used for this intervention. These villages have already been selected. Lists of 16 selected camps from NWFP and 3 from Baluchistan attached as *Annex 1*.

Insecticide Treated Bednets

ITN will be sold to the population of 28 camps in NWFP on subsidised prices. The price of one impregnated Bed net will be 180 Pak rupees total of 6000 Bednets from UNHCR will be available for the year 2001.The proposed target of ITN sale in 28 camps will cover 20% population of the existing camps and 10% of the newly selected camps. CHWs will be involved in the sale. All CHWs from selected camps will be trained by HNI on operational and technical aspects of ITN implementation. (e.g. proper use, maintenance and benefits of ITNs)

Cattle sponging

This activity will be carried out in two camps namely Naryab and L,Banda during 2001. All the available livestock will be sponged to control malaria in two selected camps Deltamethrine will be used for this purpose. Three rounds of sponging will be carried out from June to August. Both these villages had a high incidence of PV (165 and 117 per thousand population) and PF (8.9 and 0.5 per thousand population

Larviciding

This will be conducting on bi-monthly basis in Malgagi refugee village in Baluchistan. Ponds of stagnant water will be sprayed with **ABATE** in its recommended dose between April and November. The operation carried out last year in this camp will be repeated this year.

Insect Repellent

Mosbar (repellent) will be offered to the community in Adezai and Naguman at subsidised cost in year 2001 and the subsidy will be discussed later on while for rest of the camps it will be available at cost recovery basis.

Establishment of early warning system:

It was decided that an early warning system will be set up in two selected camps of Frontier primary health and in one camp of Kuwait joint red Crescent where malaria is highly prevalent, it will enable us to early detect epidemic and respond quickly to any changing situation

Quality control, supervision and monitoring of laboratories:

Since HNI team is regularly visiting all laboratories on two monthly bases and the problem we often face is that microscopist did not keep all the examined slides for cross checking. The participants were informed that some microscopist are deliberately doing this to hide the truth and thus we are not sure regarding the true situation of malaria and hence that all control measure are disturbed, we strongly discourage this since it is the duty of visiting team to check all the slide available and then select the required amount of slides for cross examination. It is therefore requested that all slides either negative or positive should be made available for two months before washing for reuse.

Training courses

HNI will conduct different training courses on the diagnosis and management of cutaneous leishmaniasis, malaria and field microscopist involved in the refugee programme.

Operational research

Drug Trial

Evidence of chloroquine resistance to [P.vivax]

A study was initiated in two ARVs Adizai (Peshawar) and Thal 1 (Hangu) to determine evidence for chloroquine resistance to *P.vivax* infections. No evidence of resistance has emerged in over 125 patients tested so far. The study is on-going.

Use of alternate drug combinations in [P.falciparum] infections

The resistance to chloroquine in *P.falciparum* infections is high. In a search for effective therapy against falciparum malaria a drug trial supported by WHO, has been initiated in Adizai ARV using drug combinations that include chloroquine, Fansidar and Artisunate. The trial is ongoing, and will run through 2001 before conclusive results are obtained.

Permanets

New bed nets called permanents will be evaluated for it liability and efficacy through experiments by HealthNet International in year 2001.

Recommendations:

- It was decided in the meeting that HNI and PDH would jointly explore various ways for repairing existing Hudson pumps available in PDH warehouse.
- The pumps, which were purchased from J.M industries, will not be used this year due to sub standard quality.
- UNHCR has assured us for buying 200 new Hudson pumps.
- HNI has placed demand for spare parts and we have been assured for timely availability of the spar parts.

- The house was assured by Deputy Director PDH of buying suitable cloths along with proper mask and other accessories that will be used in spray camping by spray men.
- HealthNet International has agreed for extending spray Master trainer training for two days thus to cover the practical deficiency and hence to improve uniform training. The master trainer will then be responsible for training in their respective areas.
- Training workshops will be arranged with respect to diagnosis and treatment of malaria and cutaneous leishmaniasis
- Enhanced surveillance through active reporting,
- UNHCR will be requested to make timely availability of pentavalent antimonials.
- Monitoring visits by senior microscopist will be carried out on monthly basis.

Annex – 3 a

ONE DAY CO-ORDINATION MEETING RELATED TO ITNs SALES

Date: 22/02/2001

S.NO	Name	Designation	Organisation	Signature
1	Dr Mohd Iqbal	DD EPI PDH	PDH	
2	Dr Saifullah	FSMO BJR	PDH	Saifullah
3	Dr Fayaz Ahmad	PHC Coord	SC-US	
4	Dr [illegible] Waz.	FS [illegible]	PDH	
5	Dr. Mumtaz	P. Manager	MAAR	
6	Dr Emal	Director	FDHC	
7	Dr. Tila	Coordinator	IRC	
8	Dr Gul-Habib	Senior M.O	L.D.I	
9	Dr Dad Mohd	FSMO	KJRC	
10	Javed Iqbal Malik	Deputy Programme Coordinator	HNI, Quetta	
11	Dr Javed	FSMO		
12	Ajeed	PDH	PDH KT	
13				
14				
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16				
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Annex – 3 b

MINUTES OF THE CO-ORDINATION MEETING RELATED TO ITNs

Venue: HNI office
Date: 22/02/2001

Participants:

- Dr Mohd Iqbal, DD,EPI,PDH,Peshawar
- Dr Fayaz Ahmad,PHC coordinator, SC-US
- Dr Saif ullah FSMO,Bajur
- Dr Ghulam Jan Waziri ,FSMO ,SW
- Dr Muntazir,Project Manager, UAAR, Peshawar
- Dr Emel Khan,Director, FPHC, Mardan
- Dr Tila Mohd,Coordinator, IRC, Hangu
- Dr Gul Habib,Senior M.O, LDI, Peshawar
- Dr Dad Mohd, FSMO,KJRC, Peshawar
- Javed Iqbal Malik, Deputy Director, HNI, Quetta
- Dr Javed Afridi,FSMO, Peshawar/Kohat
-

The annual coordination meeting related to ITNs sales in Afghan Refugee camps was held at HealthNet International office on 22 Feb 2001. The purpose of the meeting was:

- To discuss the issues related to ITNs sales in ARVs during the year 2000.
- Review of HNI's proposed strategy for the year 2001.
- Discussion and recommendations of the group.

Opening by Dr Muhammad Abdur Rab:

Dr Abdur Rab, technical advisor, HNI chaired the meeting. He welcomed all the participants and briefed them regarding malaria situation in Afghan Refugee camps which remains a public health problem throughout the country. The data for 2000 suggest that the overall malaria and the P.falciparum in particular declined in most ARVs. This decline is attributed to well plan activities, good cooperation from all implementing partners and close monitoring. However the prevailing drought like condition and climatic alterations could also have contributed to this. Climatic changes have a major impact on vector breeding and subsequent impact on the disease. This was witnessed in four camps in Bajaur where an outbreak of falciparum occurred in November 2000 despite very low disease rate in other camps.

Presentation by Dr Iftikhar Ali:

Dr Iftikhar briefly presented the activities related to Insecticide Treated Bed Net (ITNs) sales in ARVs during the year 2000.He told the participants that the objective of ITNs introduction was to minimize the use of residual spray and replace it gradually with ITNs, which is a sustainable way to address malaria. KAP surveys were conducted before the implementation of the project. A total of 934 household were interviewed in 10 camps.

Sale distribution was started in 17 camps (16 in NWFP and 1 in Punjab). 17 CHSs and other related staff from various partners NGOs were trained. The distribution of ITNs was carried out by the implementing agencies. Besides various Health education materials including flip charts, banners, calendars, posters and other health education leaflets regarding the proper use of ITNs were disseminated. Mass sessions were also conducted in the refugee camps.

The intended target of ITN sale in 21 selected camps was the distribution of 6000 ITNs during the year 2000(to cover 10% of the population). Unfortunately however only about 50% of the target could be achieved during the year (2590 ITNs distributed). The overall coverage was low (4.7%). The range of coverage varied from camp to camp. In some camps e.g.. Gamkol 1, 2, Oblon and Damadola, it was extremely low (around 1%). While in others e.g. Naryab, Baghicha, Kotki 2, the coverage was higher of the target.

Reasons for the low coverage:

- High price of nets, nets were available cheaper across the border
- Lack of health education and community motivation
- Late distribution of the ITNs

The participants were informed that a special social survey team has been constituted by HNI. The purpose of which is to investigate and probe into the factors that promote or inhibit use of ITNs in the communities and recommend ways for enhancing the use and acceptability of the ITNs within the communities.

Proposed strategy for the year 2001:

HNI presented a proposed ITN distribution strategy. This was followed by a lengthy discussion and the following recommendations were made.

ITNs distribution target:

- ITNs sale will continue in the existing camps with the addition of six more camps namely Darsamand,Muhammad Khoja,Toor,Jalala,Bagzai and Thall 2

ITNs price:

- The price of ITN will be reduced to Rs 180 and similarly the reimpregnation of the Bed nets will be free of cost.

ITN distribution strategy:

- CHWs will be involved in the sale; it will increase the number of outlets
- BHU will continue as one of the sale point as routine.
- CHSs will be responsible only for monitoring.

- School teacher will be involved in the promotional campaign.
- 8% of the cost would go to the CHSs and CHWs (25%/75%) as incentive for convincing the buyers, impregnation and re-impregnation, Health education, revenue collection and keeping record of bednts.
- CHWs will be selected by the concern NGOs.

Training:

- It was decided in the meeting that HNI would conduct training sessions for CHWs in the selected camps where ITNs will be put on sale.

One day training workshop on Malaria within the objectives:

- To learn about the disease Malaria in general.
- To understand clinical diagnosis of Malaria.
- To learn about control and prevention of Malaria
- To understand management of Malaria

Teaching methods:
Lecture and group discussion.

Teaching aids:
Classroom with white board, markers, Malaria treatment manual, and overhead projector.

Participants:
Medical officers of new Shamshatoo and new Jalozai BHU's (from PDH, MM, MSF, IMC)

Date: 24/04/2001

Venue:
Continental Guest House opposite ACBAR office university town Peshawar.

Schedule:

Time	**Contents**
10:00 – 10:15	Opening session, introduction of participants
10:15 – 10:30	Objective of the training
10:30 - 11:00	Introduction to Malaria,current global situation & malaria in ARVs - Iftikhar
11:00 -11:30	Life cycle of parasites –Kamal
11:30 – 11:45	Tea break
11:45 – 12:15	Vector control in Malaria – Mushtaq
12:15-13:00	Roll back malaria of WHO
13:00 – 14:00	Break for lunch & prayers
14:00 – 14:30	Principles of malaria control,Health education and role of CHW in prevention -Iftikhar
14:30 – 15:00	Treatment –Iftikhar
15:00:15:30	Reporting of malaria data – Naseer
:15:30	Closing

Annex – 4 b

ONE DAY TRAINING WORKSHOP ON MALARIA CONTROL FOR MEDICAL OFFICERS WORKING IN NEW JALOZAI & NEW SHAMSHATOO 23/4/01

S.NO	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1-	DR FARINA BAKIT	F. Medical Officer	PDH	
2,	Dr. Aysha	WMO	PDH	Aysha
3,	Dr Zarghon	M.S.F	Medical Dr	
4,	DR. ROMANA	W.M.O.	P.D.H.	Romana.
5,	DR. LALZARI	W.M.O.	P.D.H.	Lalzari 23/04/001
6,	DR. QUDSIA	W.M.O.	P.D.H.	
7,	Dr Najiba Azimi	F.M.O	L.D.I	
8	Dr. Marina Sahban	F.M.O	IMC	
	Dr. Roeena.	F-M-O.	IMC.	R

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ONE DAY TRAINING WORKSHOP ON MALARIA CONTROL FOR MEDICAL OFFICERS WORKING IN NEW JALOZAI AND NEW SHAMSHATOO

DATE: 24/04/2001

S.NO	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1.	DR. Razi	M: Officer	P.D.H. Sh I	
2.	Dr. Naveed	M.O	P.D.H Sh II	
3.	Dr. Tahir	Med. officer.	PDH. SH-3.	
4.	Dr. A. Sattar K	M.O	PDH Jalozai 1	
5	Dr Nizamuddin	Me/officer	PD.H Jalozai II	
6	Dr. Ayub Afridi	Medical supervisor	MSF	
7.	DR. Fazal Ahmad "Rahimi"	M.O	L.D.I	
8	Dr. S. Marouf Hoffiani	MD	I.M.C	
	Dr Gul Asghar	M.D.	I.MC	

11 - A Circular Lane, P.O. Box 889, University Town, Peshawar, Pakistan
Tel : (92) 91 - 844474 & 42551 Fax : (92) 91 - 840379
E-mail: hnipesh@pes.comsats.net.pk

Basic Malaria Microscopy Training

Dates:29/30/31.10.2001, 1/2/5/6/7/8/9.11.2001.

Participants:

Microscopist of PDH, FPHC, IRC, UAAR, Darus-Salam.

Schedule: 29.10.2001.

Time	Contents
10:00-10-15	Recitation from Holly Quran , Introduction
10:15- 11:15	Malaria the disease (IA)
11:15-11:30	Tea break
11:30-12:00	Life cycle of malaria parasite (MK)
12:00-1:00	Cleaning & storing of Slides (MA)

30.10.2001.

9:00-10:30	Vector Biology & Role of Entomological work in malaria control (Entamo-section)
10:30-11:00	Tea break
11:00-1:00	Blood films (MA)

31.10.2001.

9:00-10:30	Staining & Labelling of Blood films (NK)
10:30-11:00	Tea break
11:00-12:00	Malaria & its control measures ITMNs (ZJ)
12:00-1:00	Insect repellents, Chador impregnation, Cattel sponging, & Larviciding (Entamo-section)

1.11.2001.

9:00-10:30	Microscope, examining of blood films (Thick & Thin) (NK)
10:30-11:00	Tea break
11:00-12:00	Diagnoses & Treatment (Dr Naseer)
12:00-1:00	Examination of Blood films for malaria parasite (NK)

2.11.2001.

9:00-10:00	Keeping accurate records (NK)
10:00-10:30	Routine examination of Blood for malaria parasite (MK)
10:30-10:45	Tea break
10:45-12:00	Supervisory aspects of malaria Microscopy (MK)
12:00-12:45	Health education in malaria (Prime messages) (IA)

2nd Week

5.11.2001	Practical	Adezai
6.11.2001	Practical	Adezai
7.11.2001	Practical	Adezai
8.11.2001	Practical	Adezai
9.11.2001	Certificate Distribution	

(IA) Dr Iftikhar Ali
(MK) Musafar khan
(MA) Mehboob Ali
(NK) Naseem khan
(E-section) Hameed urehman
(ZJ) Zahoor Jan

Annex – 5 b

HEALTHNET
INTERNATIONAL

Attendence sheet

Date: 30/03/2001

One day training course on laboratory microscopy (New Shamshatoo)

S.NO	Name	Designation	BHU	Organization	Signature
1	Lailuma	Technolgest	S Mamshatoo	IMC	
2	Abdul Ghani	Technologyst	J.K	I.M.C	
3	Hafiz Masood	lab. Micro Scopist	P.D.H Peshawar	P.D.H	

11 - A Circular Lane, P.O. Box 889, University Town, Peshawar, Pakistan
Tel : (92) 91 - 844474 & 42551 Fax : (92) 91 - 840379
E-mail: hnipesh@pes.comsats.net.pk

S.No	Name	Designation	Organization	Signature
1	Shan Khisrau	lab. Tech	FPHC	
2	Inayatullah	Lab. Tech	FPHC	
3	Mohd. Aurang zeb Khan	Microscopist	F.S. MO A/R	
4	Mohammadullah	Lab. Tech	S/C U/SPA Bajam Haripur	
5	Ashuqullah	" "	S.C.-U.S.A Haripur	
6	MUNIR HUSSAIN	Microsopist	AK Ali Zai Kurram	

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TWO WEEK BASIC TRAINING WORKSHOP FOR FIELD MICROSCOPIST

DATE:29/10/2001

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	A. Qayyum	Microscopist	Hangu TRC	A. Qayyum
2	Habibullah	〃	〃	
3	M. Nazir	〃	〃	
4	Sher Aga	〃	〃	
5	Zarin Khan	lab: Assistant	Assistant Technician	
6	Kabir Med	Microscopist	Microscopist.	
7	Farman.	lab: Tech	Microscopy	
8	Abdul Qadir	Microscopist	Microscopist	Qadir
9	Nasir Ahmad	lab: Tech.	Lab Tech	
10	M. Akram	Microscopist	microscopyt	

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HEALTHNET
INTERNATIONAL

TWO WEEK BASIC TRAINING WORKSHOP FOR FIELD MICROSCOPIST

DATE: 30/0/2001

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Kabir Al.	Microscopist	Microscopist	Kabir A
2	Zarin khan	lab: Tech	L.b Tec	
3	Sher Aga	Micro.	Micrscopist	
4	M. Nazir	"	"	
5	Habibullah	Microscopist	"	
6	Farman Ali	lab: Assist	Lab Assistant	F.Ali
7	A. Qayyum	Microscopist	L.B Hangu	A. Qayyum
8	M. Akram	microscopist	P.D.H.	
9	Abdul Qadir	Microscopist	PDH	A. Qadir
	Nasir Ah	UAAR	Lab Tech	

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INTERNATIONAL

TWO WEEK BASIC TRAINING WORKSHOP FOR FIELD MICROSCOPIST

DATE: 31/10/2001

S.No	NAME نوم	DESIGNATION عہدہ	ORGANIZATION د ډلې نوم	SIGNATURE
1	Sher Afza	Microscopist	Hangu IRC	
2	M. Nazir	"	"	
3.	Mehboob ur Rehman	Lab microscopist	PDH	
4	Habibullah	[illegible]	IRC	
5	Zarin Khan	[illegible]	PDH	
6.	Kasim	Lab Micros	P.D.H.	
7	Akram	Lab Technician	P.D.H.	
8	Farman Ali	Lab Assist	Daruss Salam	
9	A. Qayyum	Microscopist	Hangu IRC	A.Q
10	Abdul Qadir	Microscopist	PDH	
11	Nasir Ali	Lab-Tech	U.A.A.R	

HEALTHNET
INTERNATIONAL

TWO WEEK BASIC TRAINING WORKSHOP FOR FIELD MICROSCOPIST

DATE: 1 / 11 /2001

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
	نوم	عہدہ	محکمے نوم	
1	Farman Ali	Lab Assist	Darus Salam	Fali.
2	A. Qayyum	Microscopist	T.R.C Hangu	A. Qayyum,
3	Habibullah	–	–	
4	M. Nazir	"	"	
5	Sher Aga	"	"	
6	Zarinkhan	Lab Tec	P.D.H	
7.	Kasir Malal	Microscopist	P.D.H.	Kasir
8	Abdul Qadir	Microscopist	PDH	A qadir
9	Nasir Ah	Lab Tech	U.A.A.R	Nasir
10	M. Akram	microscopist	PDH	
11	MEHBOOB UR REHMAN	MICROSCOPIST	PDH	

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INTERNATIONAL

TWO WEEK BASIC TRAINING WORKSHOP FOR FIELD MICROSCOPIST

DATE: 2/11 /2001

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Farman Ali	Lab ASSIST	Daras salam	Fal.
2	Sher Aqa	Microscopyst	Hangu I·RC	
3	Zarinkhan	Lab. Tic	shashattaks PDH	
4	M·Nazir	Microscopest	Hangu I·R·C	
5	Habibullah	~	//	
6	Abdul Qadir	Microscopist	Kurram P.D.H	A. Qadir
7	A. Qayyum.	~	Hangu I.R.C	A·Qayyum.
8	M. Akram	//	PDH	
9	Kasir Mand	Microscop	PDH.	Kasir
10	Nasir Ah	Lab Tech	U.A.A.R	Nasir

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TWO WEEK BASIC TRAINING WORKSHOP FOR FIELD MICROSCOPIST

DATE: 5 / 11 /2001

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Farman Ali	Lab Assist	Darussalam	
2	Sher Aga	Microscopyst	Hangu I.R.C	
3	M. Nazir	Micrscopist	Hangu/I.R.C	
4	Habibullah	Micrscopyst	Hangu/ I.R.C	
5	A. Qayyum.	Microscopist	Hangu IRC	A. Qayyum
6	Abdul Qadir	Microscopist	Kurram P.D.H	
7	Nasir Ali	Lab. Tech	U.A.A.R	
8	Zarinkhan	Lab Tec	shashatto 2c P.DH	
9	Kasir Md	Microscopis	P.D.H.	Kasir
10	M. Akram	Microscopist	PDH	

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INTERNATIONAL

TWO WEEK BASIC TRAINING WORKSHOP FOR FIELD MICROSCOPIST

DATE: 6 /// /2001

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Farmanullah Ali	Lab Assist	Darussalam	
2	Sher Aga	Microscopist	Hangu IRC	
3	M. Nazir	"	"	
4	Habibullah	"	"	
5	Zarinkhan	Lab Tec	shashattoos PDH	
6	A. Qayyum	Microscopist	Hangu I.R.C	A. Qayyum
7	Nasir Sh	Lab Tech	U.A.A.R	
8	Abdul Qadir	Microscopist	Kurram PDH	A Qadir
9	M. Akram	"	PDH	
10.	Kasir Md	Microscopist	PDH.	Kasir

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TWO WEEK BASIC TRAINING WORKSHOP FOR FIELD MICROSCOPIST

DATE: 7/11/2001

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Farman Ali	Lab Asist	Darussalam	Fali
2	Sher Aga	Microscopist	Hangu IRC	
3	M. Nazir	"	"	
4	Habibullah	//	//	
5	A. Qayyum.	--	//	A. Qayyum
6	Abdul Qadir	Microscopist	Kurram P.D.H	Qadir
7	Zarinkhan	Lab. Tec	shashuttu PDH	
8	Nasir Ah	lab Tech	U.A.A.R	Nasir
9	Kasir Mhd	Microscopist	P.D.H-	Kasir
10	M. Akram	✓	PDH	Akr

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TWO WEEK BASIC TRAINING WORKSHOP FOR FIELD MICROSCOPIST

DATE: 8/11/2001

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Farman Ali.	Lab. ASSIST	Darus Salam	
2	A. Qayyum.	Microscopist	Hangu I.R.C	A. Qayyum.
3	Abdul Qadir	Microscopist	Kurrum P.D.H	A. Qadir
4	Nasir. Ali	Lab Tech	U.A.A.R	
5	Habibullah	Microscopist	Hangu IRC	
6	M. Nazir	"	"	
7	Zurinkhan	Lab. Tec	shashatbazi PDH	
8.	Kasir Mud	Microscop	P.D.H.	Kasir
9	Sher Aga	Microscopist	Hangu IRC	
10	M. Akram	"	PDH	

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RESULT OF MALARIA MICROSCOPY EXAMINATION HELD ON 29-11-2001
AT CENTRAL REFERRAL LABORATORY,
DIRECTORATE OF PROJECT HEALTH, AFGHAN REFUGEES ORGNIZATION,
QUETTA BALOCHISTAN

(FOUR WEEKS 2ND MALARIA MICROSCOPY TRAINING OCT - NOV. 2001)

S.No.	Name of the Candidate	Theory		Practical		Total Marks Secured	GRADE
		Total		Total			
		Marks	Secured	Marks	Secured		
1	Shahid Pervaiz s/o Pervaiz Ahmad	50	43	50	47	90	A
2	Abdul Ghafoor s/o Fazal Rehman	50	39	50	35	74	C

GRADE A ····· 90 to 100%
GRADE B ····· 80 to 89%
GRADE C ······· 70 to 79%

Kazim Sultan
Senior Microscopist
HNI - PDH, Quetta

Javed Iqbal Malik
Deputy Programme Coordinator,
HNI - PDH, Quetta

RESULT OF MALARIA MICROSCOPY EXAMINATION HELD ON 17-02-2001
AT CENTRAL REFERENCE LABORATORY
DIRECTORATE OF PROJECT HEALTH
AFGHAN REFUGEES ORGANIZATION
QUETTA BALOCHISTAN

S.No.	Name of the Candidate	Place of Posting	Theory Total Marks	Theory Total Secured	Practical Total Marks	Practical Total Secured	Total Marks Secured	GRADE
1	Bashir Ahmad	BHU Chaghi PDH Dalbandin.	**50**	*23*	**50**	*30*	**53**	To be appeared again
2	Muhammad Salim	Jam-e-Shafa Hospital, Qta	**50**	*45*	**50**	*50*	**95**	**A**
3	Farebah Amiri	Jam-e-Shafa Hospital, Qta	**50**	*44*	**50**	*43*	**87**	**B**

GRADE A ------- 90 to 100%
GRADE B ------- 80 to 89%
GRADE C ------- 70 to 79%

Kazim Sultan
Senior Microscopist
HNI - PDH Office, Quetta.

Javed Iqbal Malik
Deputy Programme Coordinator
HNI - PDH Office, Quetta.

Annex – 6 a

Annex – 6 a

HealthNet International
Malaria and Leishmaniasis Control Programe among Afghan Refugees
Basic Training Course for Bednet Implementers
19 to 30 of March, 2001

S. No	Subject	From	To
1	Registration and introduction of the participants	9:30 AM	9:45 AM
2	The disease Malaria, its Epidemiology,	9:45 AM	10:15 AM
3	Life cycle of malarial parasite	10:15 AM	10:30 AM
4	*Refreshmsnt*	10:30 AM	11:15 AM
5	Basic Principals of malaria control and prevention	11:15 AM	11:45 AM
6	Introduction to Insecticide Treated Net Projects	11:45 AM	12:15 PM
7	The role of Health Education	12:15 PM	1:00 PM
8	*Lunch and Prayers Break*	1:00 PM	1:30 PM
9	Rcord keeping and reporting	1:30 PM	1:45 PM
10	Bednet Impregnation	1:45 PM	2:15 PM
11	Practical demonstration	2:15 PM	2:30 PM

Annex – 6 b

HEALTHNET
INTERNATIONAL

ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG L.D.I Camps Badaber (MM) Dated : 19/03/2001

S. No	Name	Designation	Organization	Signature
1.	Habiburehman	CHW	L.D.I	
2.	Nasrat ullah	CHW	"	
3.	Meewais	CHW	"	
4.	Naik Mohmad	CHW	"	
5.	Asad ullah	CHW	"	
6.	Mullah Khail Mohd	CHW		
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ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG UNAR. Camps Azakhel 1+2. Dated : 19/03/2001

S. No	Name	Designation	Organization	Signature
1.	Zamani.	CHS (2)	~~PDH~~ UNAR	
2.	Khan Mula.	CHS (2)	~~PDH~~ "	
3.	Mulim Jalil	CHS (1)	~~PDH~~ "	
4.	M. Salim.	CHW (1)	~~PDH~~ "	
5.	Shirin Agha	CHW (1)	~~PDH~~ "	
6.	Shah Faisal	CHW (1)	~~PDH~~ "	
7.	Vilayat Noor	CHW (1)	~~PDH~~ "	
8.	Bashir Ahmad	CHW (2)	~~PDH~~ "	
9.	Khairullah.	CHW (2)	~~PDH~~ "	
10.	Qaroon	CHW (2)	~~PDH~~ "	
11.	Gulab Khan	CHW (2)	~~PDH~~ "	
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HEALTHNET
INTERNATIONAL

ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG KJRC Camps JALALA Dated : 20/03/2001

S. No	Name	Designation	Organization	Signature
1.	M. Hasan	CHS		
2.	Said Alam	CHW		
3.	M. M. Hasan	CHW		
4.	Fatih. Mohd	CHW		
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HEALTHNET
INTERNATIONAL

ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG FPHC Camps Bagicha + Kagan Dated 20/03/2001

S. No	Name	Designation	Organization	Signature
1.	Hazrat Husain	CHS (B)	FPHC	
2. ✓	Ab. Halim	CHW (B).	"	
3.	Arsla Khan	CHW (B).	"	
4.	M. Salim	CHW (B) ✓	"	
5. ✓	Ab. Wali	CHW (B).	"	
6. ✓	Janan	CHW (B).	"	
7.	Ab. Wakil	CHS (K).	"	
8.	Mula Shahzad Gul	CHW (K)	"	
9.	M. Ghus	(CHW) (K)	"	
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ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG PDH. Camps Oblan + Gamkol 1 + 2 Dated 21/03/2001

S. No	Name	Designation	Organization	Signature
1.	Ab. Ghaffar	CHS (Ob)	PDH.	A
2.	Shad Badshah	CHW (Ob)	〃	
3.	S. Anwar.	CHW (Ob)		
4.	M. Anwer	CHW (Ob)		
5.	Shah Jehan	CHW (G2)		
6.	Niemat ullah	CHW (G2)		
7.	M. Qadir	CHW (G3)		
8.	Akhtar Mohd.	CHW (G3)		
9.	S. Rahim	CHW (G3)		
10.	Maeen Khan	CHW (G3)		
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ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

Bajawar

NGO/ORG PDH Camps Kavala, D.Dola Dated : 22/03/2001

Toor

S. No	Name	Designation	Organization	Signature
1.	Meek Muhd	CHS	Dama Dola	
2.	Said Jaffar	CHS	"	
3.	Abdul Rahim	CHS	"	
4.	Fazal Rahman	CHS	"	
5.	Pacha Gul	CHW	"	
6.	Muhd Gul	CHW	"	
7.	Ismail	CHW	"	
8.	Said Ghafoor	CHW	"	
9.	Muhd Zaman	CHS	Kavala	
10.	Qayamuddin	[illegible]	"	
11.	Said Rahman	CHW	"	
12.	Shams-u-Rahman	"	"	
13.	Shams-u-Rahman	"	"	
14.	Ismail	"	"	
15.	Shir Hassan	"	Dama Dola	
16.	Ismatullah	CHS	Toor	
17.	Malak Jan	"	"	
18.	Ahmad Shir	"	"	
19.	Shamsul Haque	CHW	"	
20.	Gul Muhd	"	"	
21.	Alla Muhd	"	"	
22.	Rahmatullah	"	"	
23.	Sat Malook	"	"	
24.	Khan Zada	"	Kavala	

25- Takhmalla —— Kevala ______

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Hairpur Camps. BN Training 26/03/01.

	Name	Designation	Signature
BHU 2:-	Dr. M. Amin.		
	H. Jabair.	CHW	
BHU-1:-	H. Wakil. ④		
	M. Aslam.		8.6
	Asadullah.		
BHU-3:-	M. Younas.		
	Shah-e-Mardan.		
BHU-4:-	Sher Ahmad		
	M. Hakim.		
Danda:-	Abdul Qader		Abdulqader
	Mohammad Jan.		
✓ Basomera	Zalmai		
	Uryakhail		
✓	Walayat Khan.		

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ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG PDH Camps Zari Noor (Wana) Dated : 27/03/2001

S. No	Name	Designation	Organization	Signature
1.	Aman ullah	CHW		
2.	M. Wakeel	CHW		
3.	Ghulam Sakhi	CHW		
4.	Eid Mohmad	CHS		
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ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG UNHCR Camps KOT-Chandna. Mian wali Dated : 27 /03/2001

S. No	Name	Designation	Organization	Signature
1.	Wali Mohammad	CHS	UNHCR	
2.	Abdul Razzaq	CHS	"	
3.	Lal Mohammad	CHS	"	
4.	Abdul Aziz	CHS	"	
5.	Allah Gul	CHS	"	
6.	Mulvee Zargoon	CHS	"	
7.	Chaman Gul	CHW	"	
8.	Mullah Khair-u-Din	CHW	"	
9.	Mulvee Malang	CHW	"	
10.	Haji Abdul Hamed	CHW	"	
11.	Hakeem Khan	CHW	"	
12.	Dr. Gul Daraz	MO	"	
13.	Dr. Rafaqat-Malik	MO	"	
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ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

(Hangu)

NGO/ORG IRC Camps Thall-1, Thall 2, Dallan, ~~[illegible]~~ Darsamand. Dated : 29 /03/2001

S. No	Name	Designation	Camp Organization	Signature
1.	M. Uthman	C.H.S	DMD	
2.	Tila Khan	CHW	Dallan	
3.	M. Mirza	CHW	Dallan	
4.	M. Din	"	Thall II	
5.	Nawaz Khail	"	"	
6.	Rasal. M	"	"	
7.	Najeebullah	"	Darsamand	
8.	Hafizullah	"	"	
9.	Samar Gul	"	"	
10.	A. HAQ	CHS	"	
11.	Faiz. M	CHW	Dallan	
12.	Shah M.	" "	Darsamand	
13.	M. Dad Gul	"	Thall I	
14.	Habibullah Habibullah	C.H.S	Thall II	
15.	~~Malik pachai~~ [illegible] Zai	CHW	Thall I	
16.	M. Daud	"	"	
17.	Khwali Khan	"	"	
18.	M Barat	ترینر	"	
19.	H. Tila Mohamad	M.C/HIS	"	
20.	Naik. M	CHW	Thall I	
21.	Shaheen. Kousar	RT officer		S. Kusar
22.	Mnawar Sultana	Health manage.		Mnawar
23.	Ismail	C.H.S	Dallan	
24.	Ziarat gul	"	"	
25.	A. Dushar	Trainer	Offic.	
26.	Mohamadajan	CHW	Dallan	

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ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG UNHCR (PDH) Camps Bagzai Dated : 29/03/2001

S. No	Name	Designation	Organization	Signature
1.	Jehangir	CHS	PDH	
2.	Mahibullah	CHS	PDH	Mohib
3.	Zarin Gul	CHS	〃	
4.	M. Ishaq	CHW	〃	
5.	Pahlawan	CHW	〃	
6.	M. Ibrahim	CHW	〃	
7.	Sherzada	CHW	〃	
8.	Ahmadullah	CHS	〃	
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ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG IRC Camps Kalakam - Naryab Dated : 30/03/2001
M. Khoja - Kotki - II

S. No	Name	Designation	Camp ~~Organization~~	Signature
1.	Barakatullah	CHW	Koti II	
2.	Shir Mohd	CHW	Kotki II	
3.	Minhajuddin	CHW	"	
4.	Qadir gul	CHW	"	
5.	Zar Wali	CHW	Kalakam	
6.	Jalaludin	(CHW) Nazir jan	M. Khoja	
7.	A. Lihazar	(CHW) "	"	
8.	Zamar Khan	(CHW) "	"	
9.	Sayed Rahman	Kajal (CHW)	Kalakam	
10.	M. Layeeq	" "	"	
11.	Sahibnoor	(CHS) Shahiboor	M. Khoja	
12.	Habibullah	(CHS) Dindar Khil	Naryab	
13.	~~Dindar Khil~~ M. [illegible]	(CHS) "	"	
14.	Khaista gul	(CHW) "	"	
15.	Din M.	(CHW) Sahibnoor	Khisara	
16.	Amanullah	(CHW) Dindar Khil	Naryab	
17.	Dindar Khil	(CHS) "	"	
18.	Tay M.	(CHS) ~~Ko~~ Lal M.	Kotki II	
19.	H. Nazar. Mohd	R.T. trainer	Hangu office	
20.	Ghulam Jan	RT officer	Hangu	
21.	Wali ~~Jan~~ Gul	(CHW)	MK	
22.	Kajal Khan	CHS	KK	
23.	Mohd Nazir	CHS	MK	
24.	Samin Jan	(CHW)	KK	

HEALTHNET
INTERNATIONAL

ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG Mercy Corps Camps Quetta Dated : /13/04/2001

S. No	Name	Designation	Organization	Signature
1.	Mohammad Rafiq	Director Operations	MC	M-Rafiq
2.	Dr. M. Siddique	Medical Director	MC	
3.	Malik Javed Iqbal	D. Director	HNI Qta.	
4.	Khalid Naz[illegible] —	M. ORW	MCI	
5.	Ghulam Qalandar.	out-Reach-worker	M.CI	
6.	Taj Mohd	~ ~ ~	~	
7.	Naseer Ahmad Waiban	Trainer	MCI	
8.	Mohammad Nabi	M. CDO	MCI	
9.	RASHEED SHAH	CDO	MCI	
10.	Gulalai	C.D.O	M.CI	
11.	Fauzia Sultana	C.D.O	M.C.I	
12.	Rahmato Safi	M.T	M.C.I	
13.	Kalsum Kakar	CDC	MCI	
14.				
15.				
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22.				
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24.				

HEALTHNET
INTERNATIONAL

ONE-DAY TRAINING WORKSHOP FOR COMMUNITY HEALTH WORKERS ON OPERATIONAL ASPECTS OF INSECTICIDE TREATED BEDNET PROJECT

NGO/ORG DAAR Camps Naguman Dated : 31/05/2001

S. No	Name	Designation	Organization	Signature
1.	fazal Wadud	C H W		
2.	مولانا عبدالرازق	C-H-W		
3.	Molvi Naqeebullah	C-H-W		
4.	فضل الرحیم	C-H-W		
5.	حاجی سرور دین	C-H-S		
6.	عبدالاول	C-H-S		
7.				
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TWO DAYS TRAINING WORKSHOP FOR MALARIA SUPERVISORS AND INSPECTORS ON RESIDUAL SPRAY TECHNIQUES.

DATE:...03/07/2001 TO 04/07/2001.

VENUE:....HNI OFFICE PESHAWAR

S.NO.	TOPCCS	DURATION
DAY FIRST		
1	INTRODUCTION	09.00-09.15Am
2	DIFFERENT MEASURES FOR VECTOR CONTROL	09.15-10.15Am
	* RESIDUAL SPRAY	
	* CATTLE SPONGING	
	* USE OF INSECTICIDE TREATED BED NETS (ITN)	
	* USE OF REPELLANTS	
	* ENVIRONMENTAL MODIFICATION	
	* BIOLOGICAL CONTROL	
	* LARVICIDIND	
	TEA BREAK	10.15-10.45Am
3	INSECTICIDES AND ITS DILUTION	10.45-11.15Am
4	SPRAY TECHNIQUES	11.15-12.15Am
5	INSTRUCTIONS FOR SPRAY MEN	12.15-01.00Pm
	LUNCH	01.00Pm
	DAY SECOND	
6	MAINTENANCE OF SPRAY PUMP	09.00-10.00Am
7	SAFTY MEASURES	10.00-10.30Am
	TEA BREAK	10.30-11.00Am
8	REPORTING AND RECORD KEEPING	11.00-12.00Am
9	CHECK LIST MONITORING	12.00-12.30Pm
	LUNCH	12.30-01.30Pm
10	SPRAY DEMONSTRATION	01.30Pm

TWO DAY TRAINING WORKSHOP ON SPRAY TECHNIQUE FOR MASTER TRAINERS

DATE: 03/07/2001

S.NO	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
①	Haji Tila.	M. Supervisor	IRC.	
②	Bacha Zada	M. Inspector	PDH.	
③	Haji M. Ali	M. Inspector.	LLAAR.	
④	M. Iqbal	M. Supervisor	C.W.S.	
⑤	Khalid Khan	M. Inspector	PDH.	
⑥	Sadrudin	M. Inspector	PDH	
⑦	Hazrat Ali	PHC Coordin	CWS.	

TWO DAY TRAINING WORKSHOP ON SPRAY TECHNIQUE FOR MASTER TRAINERS

DATE: 04/07/2001

S.NO	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
①	M.Hasan [illegible]	E.H.S.	K.J.R.C	
②	Haji Tila.	M. Supervis	IRC.	
③	Bacha Zada	M. Inspect.	PDH.	
④	Haji M.Ali	M. Inspector	U.A.A.R.	
⑤	M. Iqbal.	M. Supervisor	C.W.S.	
⑥	Khalid Kha	M. Inspector	PDH.	
⑦	Saadudin	M. Inspector	PDH.	
8	Hazrat Ali	PHC Coordin.	CHS.	
9	~~[illegible]~~	~~[illegible]~~		

Two day training workshop on Malaria within the objectives:

- **Background**

1. Global situation
2. Roll back slogan of WHO
3. Malaria in Afghan Refugees

- **Malaria disease in general**

1. Life cycle (sexual and asexual)
2. Signs and symptoms

- **Diagnosis and treatment**

1. Diagnosis
2. Presumptive treatment
3. Radical treatment
4. Treatment of vivax malaria
5. Treatment of falciparum malaria
6. Chloroquine resistance malaria
7. Management of severe and complicated falciparum malaria
8. Malaria in pregnancy

- **Vector control**

1. Spray operations

- Principals of spraying
- Insecticides
- Insecticide application
- General principals in planning and implementation
- Safe use of insecticides
- Measures in case of accidental exposures

2. Cattle sponging

- Various interventions and cattle sponging
- Insecticides used in cattle sponging
- Campaigns launching strategy
- Advantages
- Sustainability

3. Insecticide treated nets (ITNs)

- Main component of Roll Back Malaria
- Cost effective
- Community participation and sustainability
- Insecticide used
- Health education messages

4. Other vector control methods

- Larviciding
- Insect repellents
- Chador impregnation
-

5. Health education

- Prime messages

Teaching methods:
Lecture and group discussion.

Teaching aids:
Classroom with white board, markers, Malaria treatment manual, slide projector and overhead projector.

Participants:
ACD staff members.

Date: 27-28 Sep, 2001

Venue:
11-A, Circular Lane, University town, Peshawar at HNI office.

Schedule: 27-09-01

Time	**Contents**
9:00 - 10:00	Global situation,Roll back slogan of WHO,Malaria in Afghan Refugees ND& IA
10:00- 11:00	Vector biology, sexual and asexual reproduction of the parasites ZS
11:00 - 11:30	Tea break
11:30 -12:15	Diagnosis and treatment IA
12:15 - 01:15	Spray operations MF

28-09 01

Time	**Contents**
9:00 - 10:00	Cattle sponging SA
10:00- 11:00	Insecticide treated nets ZJ
11:00 - 11:30	Tea break
11:30 -12:30	Chador impregnation, insect repellants and Larviciding HR
12:30 - 01:15	Health education in Malaria (Prime messages) IA

ND- Naeem Durrani
ZA- Zahir Shah
IA- Iftikhar Ali
MF- Mushtaq Farhan
SA- Syed Agha
ZJ- Zahoor Jan
HR- Hameed-Rehman

Annex – 8 b

HN
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TWE DAY TRAINING WORKSHOP ON MALARIA CONTROL FOR ACD STAFF

DATE: 27/09/2001

S.NO	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	FAZAL REHMAN	LAB/SUP.	A.C.D	
2	S. Dawood	LAB/SUP	A.C.D	
3	Dr. G-Q. Habibi	Microbiologist	ACD	
4	Dr. A.M. Saadat	program officer	ACD	
5	Dr Akmal Nawab	MD	ACD	
6	Dr Zabihullah	prog. officer	ACD	
7	TAHIR HAIDER	Lab supr.	ACD	
8	Dr. Najibullah Mahboob	Dep. Pr. coor	HNI Mazar	
9	Roohullah.	LAB. ASSTT	A.C.D	
10				
11				
12				

HEALTHNET
INTERNATIONAL

TWO DAY TRAINING WORKSHOP ON MALARIA CONTROL FOR ACD STAFF

DATE: 28/09/2001

S.NO	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	FAZAL REHMAN	LAB. Sup.	A.C.D.	
2	S. Dawood	LAB-SUP	A.C.D	
3	Dr. G.Q. Habibi	microbiologist	ACD	
4	Dr. A.M. Saadat	Program officer	ACD	
5	Dr Akmal Naveed	MD	ACD	
6	TAHIR HAIDER	Lab Sup.	ACD	
7	Dr Zabihullah	progr officer	AC D	
8	Dr. Najibullah [illegible]	De. Progr. co.	HNI Mazar	
9	Roohullah	LAB. ASSTT	A.C.D	
10				
11				
12				

Case reporting and surveillance of cutaneous leishmaniasis

A one day training workshop on cutaneous leishmaniasis (CL) within the objectives:

- To learn about the disease leishmaniasis in general.
- To understand clinical diagnosis of cutaneous leishmaniasis.
- To understand management of cutaneous leishmaniasis with respect to case reporting and surveillance of cutaneous leishmaniasis.
- To learn about control and prevention of cutaneous leishmaniasis.

Teaching methods:
Lecture and group discussion.

Teaching aids:
Classroom with white board, markers, CL treatment manual, slide projector and overhead projector.

Participants:
Medical officers of new Shamshatoo and new Jalozai BHU's (5 from PDH, 1 from MM and 1 from MSF) and one doctor from SC (US) Haripur.

Date: 4/3/2001

Venue:
11-A, Circular Lane, University town, Peshawar at HNI office.

Schedule:

Time	Contents
9:00 - 9:30	Opening session, introduction of participants and registration
9:30 - 10:00	Objective of the training, introduction to leishmaniasis
10:00 - 10:30	The disease leishmaniasis, clinical syndromes due to leishmaniasis
10:30 - 11:00	Break for tea
11:00 - 11:30	Basic parasitology, vector and reservoirs of cutaneous leishmaniasis
11:30 - 12:00	Clinical diagnosis of cutaneous leishmaniasis, assessment of a CL lesion
12:00 - 13:00	Treatment of CL (principle of treatment, treatment methods, follow up)
13:00 - 14:00	Break for lunch and prayers
14:00 - 15:00	Record keeping/registration and reporting
15:00 - 16:00	Prevention and control of cutaneous leishmaniasis
16:00 - 16:30	Closing session

Annex – 9 b

HEALTHNET
INTERNATIONAL

Attendance Sheet **Date: March 4th , 2001**

One day training workshop on case reporting and surveillance of CL

S.No	Name	Designation	BHU	Organization	Signature
1	Dr Farina Basit	WMO	II	PDH	
2	Dr Lalzari	WMO	1	PDH	
3.	Dr. Romana	W.M.O	Shamshatu II	PDH	
4.	Dr. Qudsia Uzma	WMO	Shamshatto III	PDH	
5	Dr SADIM	M/O	No: 3	SCF	
6	Dr. Najiba Azimi	F M/O	No 2	L.D.I	
7	Dr. Assadullah Mempal	MSF-H	MSF-1	MSF.H	
8	Lwud Broek	MSF-H	~	MSF.H	
9	Dr Mazhar Khan	Field medical Coordinator	Emergency Section	P.D.H.	
11	Dr. Naveed Akram	M.O	Shamshatu II	P.D.H	
12	Dr. Rafi Sahibzada	~~room~~ officer	J. -1	PDH	
	DR. A. Sattar Kh	M/O	Shamshatu No1	P.D.H	
14.	Dr. Tahir Habib.	M.O.	Shamshatu -3.	PDH.	
15	DR. Fazal Ahmad (Rahimi)	M.O	Shamshatoo 2	L.D.I	
16	Dr. S. Marouf. Hoffiani	M.D	New shamshato	I.M.C.	
17	Dr. Roreena Mahmood	F M.O	New shamshatu	IMC.	
18	Dr. Marina Sahban	F M.O	New. shamshatu	IMC BHU	

11 - A Circular Lane, P.O. Box 889, University Town, Peshawar, Pakistan
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E-mail: hnipesh@pes.comsats.net.pk

Annex –10 a

HealthNet International
Malaria and Leishmaniasis control program.
Schedule for Basic Training or Leishmaniasis (diagnostic) and Microscopy.

Participants; PDH Punjab, PDH NWFP, KJRC, IMC, LDI.

Days	Activities		Time
Day one 31.12.2001	Recitation of holy Quran		10:00 To 10:15
	Inauguration	Dr. Iftkhar	10:15 To 10:20
	Introduction of participants		10:20 To 10:30
	Objective of training		10:30 To 10:45
	Tea Break		10:45 To 11:15
	Clinical syndromes due to leishmania.	Dr. M Naseer	11:15 To 1:15
	Lunch Break		1:15
Day two 1.1.2002	Biology of sandfly And its control	Entomologist MR	9:00 To 10:00
	Tea Break		10:00 To 10:30
	Clinical diagnosis and treatment	Dr, M Naseer	10:30 To 11:30
	Morphology of leishmania parasite	Nasim khan	11:30 To 12:30
	Lunch Break		12:30 To 1:30
Day three 2.1.2002	Specimen collection and preparation of Slide theoretical.	Dr, M.Naseer	8:00 To 10:00
	Tea Break		10:00 To 10:30
	Practical	Nasim khan	10:30 To 1:00
Day four 3.1.2002	Microscopy of Leish parasite	Nasim khan	8:00 To 1:00
Day five 4.1.2002	Microscopy of Leish parasite	Nasim	8:00 To 10:30
	Tea Break		10:30 To 11:00
	Certificate distribution		11:00 To 12:30

Annex – 10 b

HN
HEALTHNET
INTERNATIONAL

ONE WEEK TRAINING WORKSHOP FOR FIELD MICROSCOPIST ON CUTANEOUS LEISHMANIASIS

DATE: 31/12/2001

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Lailuma	Lab: Tech:	IMC Shamshatoo	
2	HAMIDULLAH	LAB TECH	L.D.I	
3	Mir Zaman	Lab.	Wana F.S.M.O	
4	Hanif Shah	Lab-Microscopist	F.S.Ph. Miran Shah	
5	Mull Jan	Microscopist	[illegible]	
6	SUBA Khan	LAB/TECH	P.D.H	
7	Ijaz ali shah	Lab Tech	K.J.R-C	
8	Mehboobur Rehman	Lab microscopist	PDH Pesh.	
9	AHMAD SHER	TAB TECH	K.J.R.C	
10				

HN
HEALTHNET
INTERNATIONAL

ONE WEEK TRAINING WORKSHOP FOR FIELD MICROSCOPIST ON CUTANEOUS LEISHMANIASIS

DATE: 01/01/2002

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Ijaz ali shah	Lab Tech	K.J.R.C	
2	Mehboob ur Rehman	Lab microscopist	PDH Pesh	
3	AHMAD SHER	lab Tech	K.JRC	
4	Lailuma	Technologist	I.MC	
5	HAMDULLAH	LAB TECH	L.D.I.	
6	Mirzaman	Lab. M.cp	Wana F.S.Mo	
7	Hanif shah	Microscopist	Miran Shah F.S.Mo	Hanif
8	Mulajan	Microscopist	Minwaly	
9	Suba Khan	LAB TECH	Mianwali	
10				

HEALTHNET
INTERNATIONAL

ONE WEEK TRAINING WORKSHOP FOR FIELD MICROSCOPIST ON CUTANEOUS LEISHMANIASIS

DATE: 02/01/2002

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Lailuma	Technologist	IMC	
2	AHMAD SHER	TECHNICIAN	K.J.R.C	
3	Ijaz ali shah	Lab. Tech	K.J.R.C	
4	Subza Khan	LAB / TECH	Mianwali	
5	Mehboob ur Rehman	Lab Micro	PDH Pesh	
6	Hanif Shah	Microscopist	Miranshah F.S.M.O	
7	Mir Zaman	Mic. P.	Wana F.S.M.O	
8	Mula jan	microscopist	Minwaly	
9	HAMDULLAH	LAB TECH	L.DI	
10				

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HEALTHNET
INTERNATIONAL

ONE WEEK TRAINING WORKSHOP FOR FIELD MICROSCOPIST ON CUTANEOUS LEISHMANIASIS

DATE: 03/01/2002

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Mehboob ur Rehman	Lab Micro	PDH Pesh	
2	Hanif Shah	Microscopist	Miranshah L F.S.M.O	
3	AHMAD SHER	K.J.R.C TECH	K.J.R.C	Ahmad
4	Ijaz ali shah	Lab Tech	K.J.R.C	
5	Lailuma	Technologist	IMC	
6	SUBA Khan	LAB TECH	Mianwali	
7	HAMDULLAH	LABTECH	L P I	
8	Mulajan	Microscopist	Mianwali	
9	Mir Zaman	Mic / P	Wana F.S.Mo	
10				

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HEALTHNET
INTERNATIONAL

ONE WEEK TRAINING WORKSHOP FOR FIELD MICROSCOPIST ON CUTANEOUS LEISHMANIASIS

DATE: 04/01/2002

S.No	NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1	Lailuma	Technologist	I.MC Shamshatoo	
2	Mirzaman	micl P.	Wana FSM	
3	AHMAD SHER	LAB TECH	KJRC	
4	Ijaz ali shah	Lab Tech	K.J.R.C	
5	SUBA Khan	LAB/TECH	Miranwali	
6	Mullajan	microscopist	Miranwali/	
7	Hanif Shah	Microscopist	Miranshah F.Sikko	Hanif
8	Mehboob ur Rehman	Lab micro	PDH Pesh	
9	HAMIDULLAH	LAB TECH	L.D.I	
10				

Annex – 11

Annex – 11

VECTOR CONTROL PLAN FOR ARVs
YEAR 2001

North West Frontier

S.No	District	Village	Population	AVI	AFI	2000 intervention	Intervention Proposed for 2001	Bednets Needed (Number)	Icon needed (Kg)	Icon needed (Drums of 9.25 Kg each)	Deltamethrin WP 50 needed (Kg)	Deltamethrin WP 50 needed (Cartons of 6 Kg each)	Deltamethrin SC 50 needed (Liters)
1	Bajaur	Damadola	15574	91.05	9.25	ITN	ITN,RS	844			194.6	32	6.7
2	Bajaur	Kerala	8532	100.09	10.2	ITN	ITN,RS	239	66.6	7			1.9
3	Bajaur	Nawab abad	9503	44.09	2.0	RS	RS		74.2	8			
4	Bajaur	Shahjehan ab	10949	44.66	0.37	***	RS				137	23	
5	Bajaur	YousafAbad	11613	113.06	9.21	***	RS		90.7	10			
6	D.I.Khan	Pushapul	6013	14.63	5.49	RS	RS		47	5			
7	D.I.Khan	Zari Noor	20386	23.99	5.4	ITN	ITN	912					7.2
8	Dir	Toor	11926	123.6	1.59	***	ITN	340					2.7
9	Kohat	Kotki 2	4743	166.35	4.64	ITN.CS	ITN,RS	246	37	4			1.9
10	Kohat	Kotki 1	6506	151.71	4.46	CS	RS				81.3	14	
11	Kohat	M.Khoja	9466	252.59	24.09	RS	ITN	270					2.16
12	Kohat	Kahi	7993	147.6	8.9	RS	RS				100	17	
13	Kohat	Doaba	11298	73.73	2.2	RS	RS				141.2	24	
14	Kohat	Katakani	8837	45.72	0.79	ITN	ITN	426					3.4
15	Kohat	L.Banda	12674	117.09	0.55	RS	CS						30.0
16	Kohat	Naryab	4832	165.15	8.9	ITN.RS	ITN,CS	220					1.8+25=26.8
17.	Kohat	Dalan	9258	81.34	1.62	ITN.RS	ITN	624					5.0
18	Kohat	Darsamand	19062	120.82	1.15	RS	ITN	545					4.4
17	Kohat	Thall 1	9876	143.48	6.38	ITN	ITN,RS	525	77.2	8			4.2
18	Kohat	Thall 2	17703	45.3	0.45	RS	ITN	506					4.0
19	Kohat	Ghamkol 1	15276	16.23	0.33	ITN	ITN	162					1.3
20	Kohat	Ghamkol 2	15263	12.06	0.2	ITN	ITN	161					1.3
21	Kohat	Oblan	15281	8.64	0.07	ITN	ITN	121					1.0
22	Kurram	Bagzai	13000	17.3	1.1	RS	ITN	371					3.0
23	Kurram	Satin	12462	56.9	2.3	RS	RS		97.3	11			
24	Mansehra	Khaki	26605	42.2	0.2	***	RS		208	22			
25	Mardan	Baghicha	9871	45.4	0.2	ITN	ITN	367					3.0
26	Mardan	Kaghan	3849	83.9	0.0	ITN	ITN	110					0.9
27	Mardan	Jalala	16507	35.9	1.9	RS	ITN	471					3.8
28	Peshawar	Azakhil.1	12654	19.8	0.2	ITN.RS	ITN	672					5.4
29	Peshawar	Azakhil.2	12362	19.3	0.0	ITN.RS	ITN	469					3.8
30	Peshawar	Badabeer(PDH)	20000	36.9	1.1	RS	RS				250	42	
31	Peshawar	Badabeer(MM)	11000	77.5	1.0	ITN	ITN	571					4.6
32	Peshawar	Naguman	5252	320.6	5.0	Mosbar.imp.kit	Mosbar,imp.kit						4.0
33	Peshawar	Adezai	4475	532.7	26.8	Mosbar.imp kit,drug trial	Mosbar,imp.kit,drug trial						4.0
		Sub Total	410601					9172	698	75	904.1	152	136.46

ITN ... INSECTICIDE TREARTED NET
RS . RESIDUAL SPRAY
CS . CATTLE SPONGING
*** . NO INTERVENTION

VECTOR CONTROL PLAN FOR RVAs 2001

Baluchistan, Punjab

2001

S.No	Provice	District	Village	Population	AVI	AFI	2000 intervention	Intervention Proposed for 2001	Bednets Needed (Number)	Icon needed (Kg)	Deltamethrin WP 50 needed (Kg)	Deltamethrin WP 50 needed (Cartons of 6 Kg each)	Deltamethrin SC 50 needed (Liters)
1	Baluchistan	Loralai	GhazgiMinara	8116	8	3.6	***	RS			101	17	
2	Baluchistan	Loralai	Zarkarez.1	4512	25.3	6.9	RS	RS			56.4	9	
3	Baluchistan	Loralai	Zarkarez.3	5434	19	2.9	RS	RS			67.6	11	
4	Baluchistan	Zhob	Malgagai.1	2330	3.4	0	Larviciding	Larviciding					
5	Baluchistan	Zhob	Malgagai.4	5156	6.6	1.4	Larviciding	Larviciding					
			SUB TOTAL	25548							225	37	
1	punjab	Mianwali	Kot Chandna	30783	30.7	2.5	ITN,RS	ITN	1233				9.9
			GRAND TOTAL	30783					1233		225	37	9.9

ITN......INSECTICIDE TREARTED NET

RS...... RESIDUAL SPRAY.

***........NO INTERVENTION

Malaria situation in South Waziristan

Purpose of visit

The tour was carried out in the wake of excessive falciparum malaria reported from three refugee camps at South Waziristan (Wocha Khora, Zarinoor and Azam warsak). A team from HNI consists of two entomologists; project officer of ITNs and myself visited the affected area. The objective of the tour was:

- To ascertain the malaria situation and epidemic potential.
- To confirm and differentiate malaria cases into Camp refugee, Non-Camp refugee, Locals and seasonal refugees coming from different part of the country particularly, Mianwali, D.I.Khan, Bannu and Tank.
- Age distribution of all PF cases.
- Possible distribution of ITNs in Wocha Khora and Azam Warsak. (Zarinoor is already included in the list of those camps where sale of ITN has been started).
- Information on follow up cases found positive after treatment with chloroquine and Primaquine.
- To find out traveling history of some of PF cases in the last four week.
- Case mapping: To specify the area where malaria is highly prevalent.
- Entomological study for mosquito density by flitting the area.
- To find potential breeding sites

WOCHA KHORA

Findings:

- Population of the camp is 15891. Every year 5-6 thousand refugees are coming from D.I Khan, Bannu and Tank to spend summer in tents from May to October.
- A total of 56 PF cases were reported in the month of August. Majority of them (35) were camp refugee living in the mud houses.
- 19 out of 35 (54%) camp refugee having PF malaria were found in an area called Ghalga. About 400 refugees are living in this area (AFI 47/1000 Population).
- Out of 32 follow up slides taken in Basic Health Unit only one case was found positive after treatment with chloroquine +Primaquine.
- Breeding sites were in large scale in those areas where falciparum cases were very high.
- All positive slides for falciparum malaria were cross-checked at HNI reference laboratory Peshawar and were found 100% accurate.

- It was observed during our meeting with the community that majority of the people were demanding ITNs.
- Private practitioners are also operating their clinics in the surrounding area and some of the patients are going to seek treatment.
- Enough quantity of drugs was available in the BHU.

Entomological findings:

A two-member team of entomologist carried out entomological studies to examine vector density and species composition before initiation of any intervention. For flitting five sleeping rooms and five animal rooms were selected. Results of entomological studies are given in the table below.

Entomological data of Wocha Khora, Sep, 2001

Mosquito species	Sleeping rooms # and (%)	Animal rooms # and (%)	Total
An-Stephensi	2 (2.9)	67 (97)	69
An-culicifacies	10 (2.1)	465 (97.9)	475
An (others)	0 (0)	6 (100)	6
Total Anopheles	12 (2.2)	538 (97.8)	550
Culicine	9 (25.7)	16 (74.3)	25

As clear from the above tables that over 97 % mosquitoes were collected from animal rooms; it indicates the zoophilic nature of the mosquitoes and that too from a specific area called Ghalga where PF cases are very high. In view of high number of PF cases emerging and high vector density, the risk of epidemic is high.

Zarinoor

Findings:

- Total population of the camp is 20971.
- Seventy cases of PF malaria were reported in the month of August. 56 out of 70 were residing in the tent came from Kot Chandna refugee village at District Mianwali.
- No traveling history was detected in the PF positive patients in the last four weeks.
- A large section of camp area is dry except section of tented refugees where two big breeding sites were found near to their tents.
- Entomological data verified presence of Anopheles from the areas where falciparum malaria was high.
- The microscopy has revealed a 100% correct result for the slides cross checked at HNI reference laboratory.

Azam Warsak

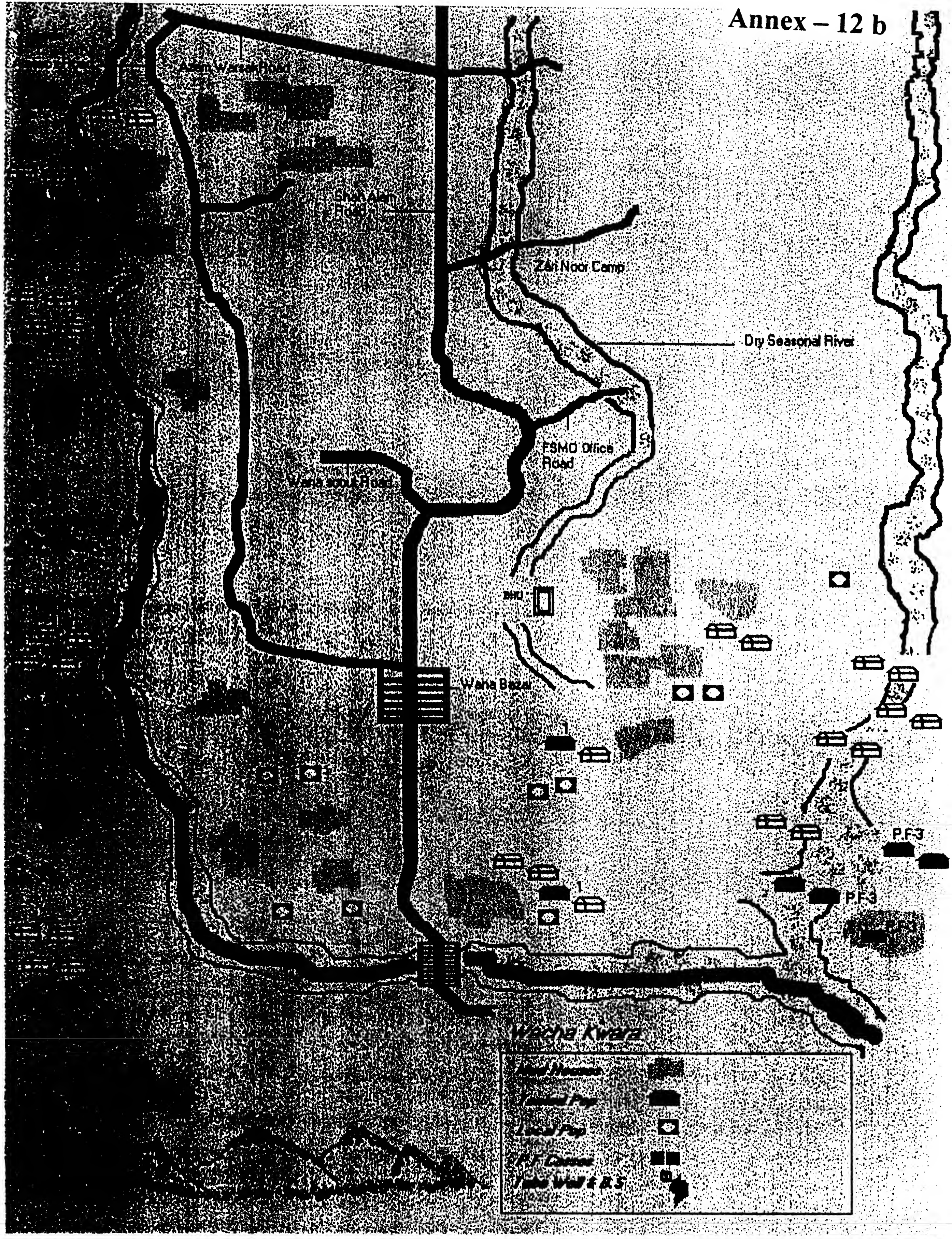
Findings:

- Azam warsak is one of the most populous (Population 18674) and scattered camp in South Waziristan.
- About 5-6 thousand population of Azam Warsak camp is composed of tented population
- A total of 120 PF cases were reported in the month of August. Out of 120, 44 were seasonal refugee, 15 locals and 61 were camp refugee.

Recommendations and decisions:

- All suspected cases should be properly diagnosed and prompt treatment should be provided to them.
- Insecticide treated Bednets will be provided to the community on subsidized prices.
- A small village Called Ghalga will be sprayed with Icon WP 10 to diminish mosquito density. This specific area had a very high density of mosquitoes reported by entomologists. (AFI 47/1000 Population)
- There is little evidence of resistance to Chloroquine at present in these camps; therefore Chloroquine should be used as first line drug for all kind of malaria.
- It is requested to the Health Co-ordinator of Punjab that all refugees coming from Zarinoor refugee village should be screened for malaria and prompt treatment should be provided according to the malaria guideline
- Active case detection should be conducted in those areas where falciparum cases are high, especially in remote parts of the camps and people do not travel to the BHUs
- All these camps were mapped for the distribution of P.falciparum cases and as a result of this activity Ghalga (a small population cluster of Wocha Khora) will be sprayed. Maps describing the disease distribution in these three camps are attached as Annexes *a, b, and c*
- Supervised treatment should be given to all PF cases. Special attention should be paid to children and pregnant women who are at high risk.
- Malaria data should be sent on standard format showing **Camp refugee**, **Non-camp refugee**,**Locals** and **Seasonal refugees**.

Annex – 12 b


Road
Zarl Noor Camp
Dry Seasonal River
FSMO Office Road
Wana scout Road
BHU
Wana Bazar
1
1
P.F-3
P.F-3
Wacha Kwara
Tented Pop
Local Pop
Tube Well & B.S.

Annex - 13

Annex - 13

HEALTH NET INTERNATIONAL
BED NET PROJECT NWFP+PUNJAB
ITNs Sale Report from June 2000 toDec 001.

29/1/002

S.NO	Camp	Population	Nets issued in 2000+2001	Nets Sold in 2000	Nets Sold In 2001									TotalNet Sold	Nets In Balance	% Cover
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1	Azakhil-1	12654	900	52	348	0	250	17	13	13	7	4	1	705	195	19.5
2	Azakhil-2	12362	1000	238	362	0	150	116	42	26	40	9	6	989	11	28.0
3	Badaber	11000	450	56	91	123	37	4	0	0	64	0	0	375	75	11.9
4	Bagzai	13000	900		0	400	0	392	108	0	0	0	0	900	0	24.2
5	Bhagica	9059	950	409	223	168	144	6	0	0	0	0	0	950	0	36.7
6	D.Dola	15307	400	29	0	76	26	18	4	0	0	0	0	153	247	3.5
7	Dallan	10990	950	318	96	324	12	200	0	0	0	0	0	950	0	30.3
8	Darsamand	19062	1000		250	295	5	200	40	7	2	0	0	799	201	14.7
9	Ghamkol-1		200	38	14	99	46	0	0	0	0	0	0	197	3	4.3
10	Ghamkol-2		200	39	35	123	3	0	0	0	0	0	0	200	0	4.3
11	Jalala	16507	250		29	16	34	5	0	0	0	0	0	84	166	1.8
12	K.chandna	28580	1100	400	124	77	4	0	0	0	0	0	0	605	495	7.4
13	Kagan	3379	250	83	62	54	0	0	0	21	6	0	0	226	24	23.4
14	Katakana	8437	400	55	92	140	29	6	10	68	0	0	0	400	0	16.6
15	Kerala	8365	250	102	11	99	8	28	0	0	0	0	0	248	2	10.4
16	Kotki-2	5781	600	250	0	210	77	50	8	0	0	0	0	595	5	36.0
17	M.khoja	9466	750		34	116	150	112	65	0	0	0	0	477	273	17.6
18	Naguman	5252	150				40	13	0	0	0	0	0	53	97	3.5
19	Naryab	5543	850	255	108	137	98	2	14	14	0	0	0	628	222	39.7
20	Obian		150	29	8	68	22	3	16	4	0	0	0	150	0	4.4
21	Thall 2	17703	700		89	310	95	40	130	30	0	0	0	694	6	13.7
22	Thall-1	11087	750	109	80	230	80	0	12	12	0	0	0	523	227	16.5
23	Toor	11926	450		0	289	60	18	3	1	0	0	0	371	79	10.9
24	Zarinoor	18250	1150	128	68	566	131	16	91	41	10	4	0	1055	95	20.2
25	W.Khwara	10622	500							145	73	15	7	240	260	7.9
26	A.Warsak	16802	500							107	0	0	0	107	393	2.2
SUB TOTAL		***281134***	***15750***	***2590***	***2124***	***3920***	***1501***	***1246***	***556***	***489***	***202***	***32***	***14***	***12674***	***3076***	***15.8***
27	Basomera	13600	175	30	20	52								102	73	2.6
28	Bhu4	14740	225	76	103	46								225	0	5.3
29	Bhu2	12334	890	62	522	277								861	29	24.4
30	Ghazi	14300	500	112	250	137								499	1	12.2
TOTAL		***54974***	***1790***	***280***	***895***	***512***								***1687***	***103***	***10.7***

HEALTH NET INTERNATIONAL
BED NET PROJECT NWFP+PUNJAB
ITNs Sale Report from June 2000 toDec 001.

S.NO	Camp	Population	Nets issued in 2000+2001	Nets Sold in 2000	Nets Sold in 2001	TotalNet Sold	Nets In Balance	% Cover
1	Naryab	5543	850	255	373	628	222	39.7
2	Bhagica	9059	950	409	541	950	0	36.7
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4	Dallan	10990	950	318	632	950	0	30.3
5	Azakhil-2	12362	1000	238	751	989	11	28.0
6	Bagzai	13000	900		900	900	0	24.2
7	Kagan	3379	250	83	143	226	24	23.4
8	Zarinoor	18250	1150	128	927	1055	95	20.2
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15	Badaber	11000	450	56	319	375	75	11.9
16	Toor	11926	450		371	371	79	10.9
17	Kerala	8365	250	102	146	248	2	10.4
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24	Naguman	5252	150		53	53	97	3.5
25	A.Warsak	16802	500		107	107	393	2.2
26	Jalala	16507	250		84	84	166	1.8
SUB TOTAL		*281134*	*15750*	*2590*	*10084*	12674	3076	15.8

ITNs Re-Impregnation Campaign 2001.

S.no	District	NGO/ORG	Camp	Nets Impregnated		K-Othrine used for	
				Small	Large	Small(mls)	Large(mls)
1	Kohat	IRC	**Naryab**	24	310	120	2480
2	"	"	**Katakana**	15	158	75	1264
3	"	"	**Kotki-2**	4	409	20	3272
4	"	"	**Thall- 1**	21	126	105	1008
5	"	"	**Dallan**	27	615	135	4920
6	Mianwali	PDH (P)	**Kotchandna**	0	379	0	3032
7	Bajauar	PDH	**Kerala**	6	391	30	3128
8	"	"	**D.dola**	21	577	105	4616
9	Mardan	FPHC	**Baghica**	68	1266	340	10128
10	"	"	**Kagan**	7	800	35	6400
11	Kohat	PDH	**Ghamkol-1**	2	51	10	408
12	"	"	**Ghamkol-2**	2	69	10	552
13	"	"	**Oblan**	3	59	15	472
14	Peshawar	UAAR	**Azakhil-1**	0	85	0	680
15	"	"	**Azakhil-2**	0	338	0	2704
16	"	LDI	**Badaber**	0	88	0	704
17	Peshawar	PDH	**Zari Noor**	0	600	0	4800
18	Peshawar	UAAR	**Naguman**	44	90	220	720
19	Haripur	SCF	**7 (BHUs)**	57	505	285	3920
			Total	**301**	**6916**	**1505**	**55208**

Annex - 14

HEALTHNET
INTERNATIONAL

20 November, 2001

Dear colleagues

Report on prevalence survey

Enclosed please find report on prevalence survey recently carried out at Kacha Garhi and New Shamshatoo refugee camps for your information.

Sincerely Yours,
HealthNet International

Dr Iftikhar Ali
Programme Co-ordinator (A/R)
HNI

Distribution List

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- Dr Javed Pervez, Project Director Health (A/R), Peshawar
- Dr. Jawaad, Deputy Director, MCP/EPI, PDH, Peshawar
- Dr Poonam Mazhar,APO,UNHCR,SOP
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HEALTHNET
INTERNATIONAL

Malaria/Leishmaniasis prevalence survey in Kacha Garhi and New Shamshatoo refugee camps Nov 2001

Malaria:

Due to recent political changes in Afghanistan a large number of Afghans have crossed the boarder and are now residing in urban and rural areas of Peshawar and other parts of NWFP. According to a survey conducted by UNHCR from September 11 to October 25, around 65,000 Afghans have entered Pakistan. Majority of the refugees are residing in urban areas. (Shaheen town, Tehkal, Hayat Abad and Arbab colony). While another 11500 are living with relatives and friends in the refugee camps

High number of malaria cases have been reported from many areas of Afghanistan in the recent years, Outbreaks of falciparum malaria have recently been reported from eastern part of Afghanistan (Laghman and Nangerhar Provinces). Due to large population movement of IDPs within the country and to the neighbouring countries there is a great menace of imported malaria/Leishmaniasis to the host communities.

Keeping in view the above situation Malaria/ Leishmaniasis prevalence surveys were conducted by HNI among new arrivals in Kacha Garhi and New Shamshatoo. Each selected refugee camp has a functioning Basic Health Unit (BHU) managed by either UNHCR/ PDH or Non Governmental Organization (NGO). Three teams from HNI were constituted to conduct prevalence surveys.

A total of 506 individuals were randomly selected for the prevalence of malaria from the selected families, Similarly another 335 families were screened for CL prevalence in these camps

Immunochromatographic test (ICT) was used for the diagnosis of malaria, which is the most effective, rapid and reliable test for the diagnosis of malaria. Results are obtained on the spot in a few minutes with ICT. This method is quiet useful in outbreak and other emergency like situation compare to the conventional method. (ICT, is a rapid, in vitro immunodiagnostic test for the detection of circulating plasmodium falciparum (Pf) and plasmodium vivax (Pv) antigens in whole blood). Those found positive for malaria were given radical treatment on the spot. According to the survey report only seven individuals were found to be malaria positive (2 Vivax, 4 Falciparum and 1 Mix).

It is evident from the above figures that very little malaria has been found among new arrivals. Overall prevalence came out to be 2.3%. Despite of this low number of malaria all partners were requested to establish a mechanism for screening of new arrivals for malaria

Table-1 showing malaria cases in the Afghan refugee camps

Camp	Individual examined	Plasmodium Vivax	Plasmodium Falciparum	Mix	% Prevalence
Kacha Garhi	301	2	4	1	2.3
New Shamshatoo	205	2	1	2	2.4

Leishmaniasis:

Similarly, cases of cutaneous leishmaniasis have also been reported in the new arrivals. To find out the real picture of the disease burden the same camps (Kacha Garhi and New Shamshatoo) were screened for CL cases. Details are given in *Table 2.*

Table-2 Showing Cutaneous Leishmaniasis cases in Afghan refugee camps

Camp	Total families examined	Total population	Active lesions	Healed lesions (scars)	% Prevalence
Kacha Garhi	222	1378	9	55	0.6
New Shamshatoo	105	656	14	23	2.1

Recommendation

- Case detection should be improved and confirmed cases should be promptly treated to reduce the disease transmission.
- All health facilities should have adequate supply of first and second line anti malarial drugs in their stocks.
- All complicated malaria patients needs to be shifted to the nearest hospital for proper treatment.
- Never use chloroquine injections at BHU level. It is very toxic by giving parentally and even fatal in children.
- Ample quantity of injection Glucantime are available with PDH. All partners are requested to demand according to their needs particularly New Shamshatoo.

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